WORKING TOGETHER FOR BETTER HEALTH

TECHNICAL COOPERATION

Among The Gulf States In The Field of Health Through The Council of Health Ministers of GCC States

Dr. Tawfik A. M. Khoja

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Among The Gulf States In The Field Of Health Through The Council Of Health Ministers Of GCC States

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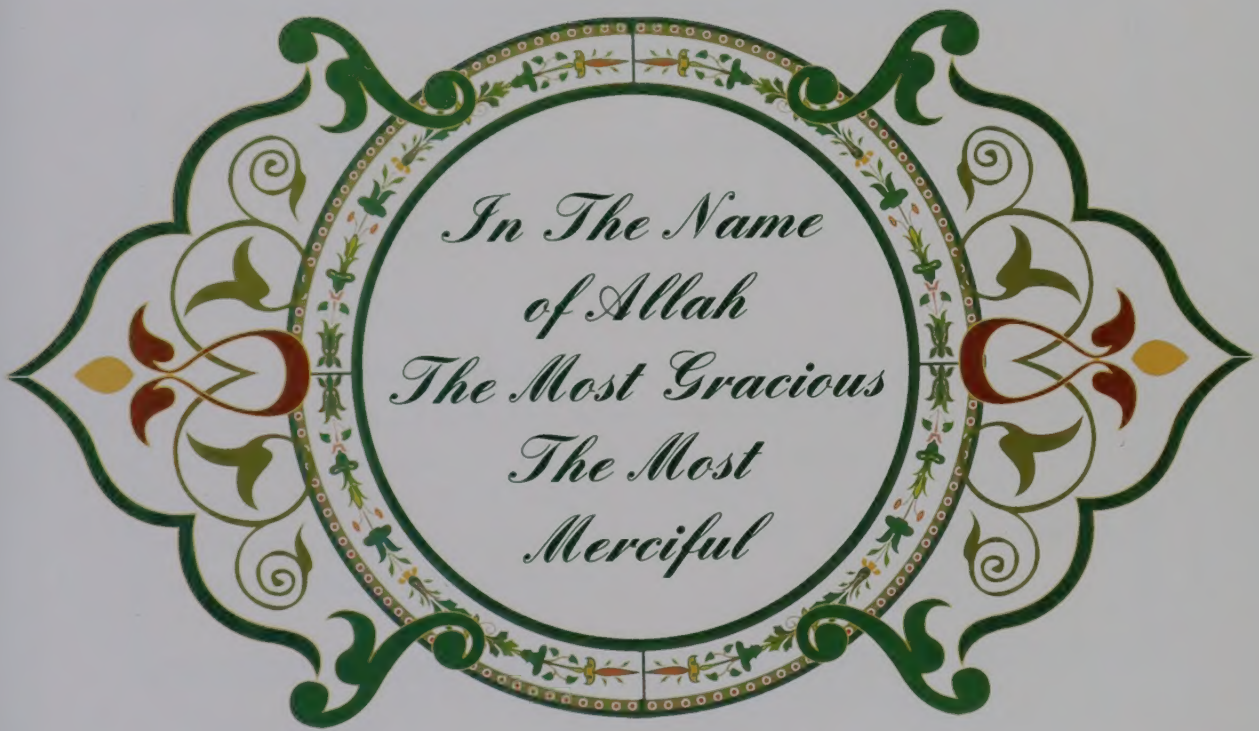
In The Name
of Allah
The Most Gracious
The Most
Merciful

بسم الله الرحمن الرحيم

﴿ يَا أَيُّهَا النَّاسُ إِنَّا خَلَقْنَاكُم مِّن ذَكَرٍ وَأُنثَى وَجَعَلْنَاكُمْ شُعُوبًا وَقَبَائِلَ لِتَعَارَفُوا إِنَّ أَكْرَمَكُمْ عِندَ اللَّهِ أَتْقَاكُمْ إِنَّ اللَّهَ عَلِيمٌ خَبِيرٌ ﴾

سورة الحجرات الآية (١٣)

(O mankind! We created you from a single (pair) of a male and a female, and made you into nations and tribes, that ye may know each other (not that ye may despise each other). Verily the most honoured of you in the sight of Allah is (he who is) the most righteous of you. And Allah has full Knowledge and is wellacquainted (with all things))

(Surat Al-Hujurat, 13) Holy Quran

Their Royal Highness Thier Majesties
Kings and Princes of GCC States

Honourable Excellencies the Ministers of Health GCC States

Honourable Members of Executive Board
Council of Health Ministers for GCC States

Subject

Page No.

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The author would like to express a deep sense of appreciation to the following individuals and gratitude for their support and contribution toward the successful preparation and publication of this first document about GCC Health Ministers' Council in English version.

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6. **Mr. Khalid Ramadan**
7. **Mr. Essam Al-Said**
8. **Mr. Ahmed Soliman**

May Allah bless your efforts and reward all of us abundantly

بسم الله الرحمن الرحيم

In The Name of Allah The Most Gracious The Most Merciful

Preface

With genuine humility, we acknowledge Your aid, O Allah. Without Your guidance, love, and cause this humble contribution would never become a reality.

To-day, it is one of my happiest day that this publication, a comprehensive collection detailed description on functions and activities of the Health Ministers Council is in your hand which I feel proud to present it.

Health Minister Council for GCC States has a long and proud history. It was settled well as GCC corporation body
before other organizations and has the oldest recorded name in the GCC.

GCC Health ministers council fosters strong links between ministries of health at GCC states, and world wide health organizations and institutions including international U.N Health/ health related organizations.

Commitment and leadership is the key factors towards continues quality improvements and developments which is illustrated by the quality of council resolutions and Executive Board recommendations.

Since the declaration of The Council of Health Ministers for GCC States announced in its annual conference No. 48 held in Bahrain year 2000 directing me to take over the charge of this office in February 2000 in the capacity of Executive Director of the Health Ministers Council for GCC States, I had been receiving several inquiries from abroad directly and some of them through their respective Embassies in Kingdom of Saudi Arabia requesting for general information regarding different activities carried out by the respected Council and Office. For example, Group purchase through tenders; Registration of drugs, Development of information technology and Project of Health Centers in seven Asian countries for pre-departure Medical Check up of manpower to be recruited for GCC States which is considered one of the high level precautionary measures to control communicable diseases in GCC States. It is worth to mention that the undersigned also produced a separate book describing rules and regulations both in Arabic and English version regarding health centers' project is available from this office on request free of charge.

The office had little information available in English that could be presented to a foreign enquirer. However, in Arabic language literature, guidelines, and publications

were available. Therefore, I felt it necessary to collect material and give a shape of a book in English language describing functions of this organization which is in your hands now carry out the title "Working together .....".

Every organization has its own unique requirements, their own working methods so do the Executive Board, Council of Health Ministers for GCC States.

I am thankful to the Members of the Executive Board and the staff of this office for their hearty cooperation and hard work following the directions and supervision of their excellencies the ministers of health at GCC countries which lead to tremendous development to the performance of each department of which has been described in this book. There are few technical programs included in this book in some details like, Quality Assurance/ Family health and Non-communicable diseases, etc.

This guide illustrates that the Health Ministers' Council is committed to making GCC States a healthy environments with healthy nations. We want to protect our heritage at the same time as taking advantage of opportunities to meet the needs of our community, to secure a prosperous future for the people of Arab Peninsula. I hope you will find this booklet interesting and informative and that you would like to take advantage of the many opportunities available in GCC countries.

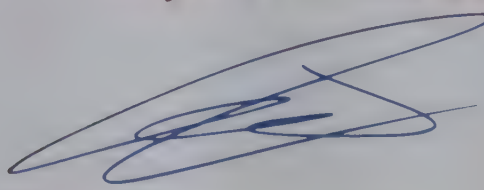
Lastly, to those who are keen to be an advocate and contributor in dissemination of partnership and fostering of working together for better quality health care, we

dedicate this quick glimpse of the Technical Cooperation to every health care member desiring to know about Health Ministers' Council for GCC States.

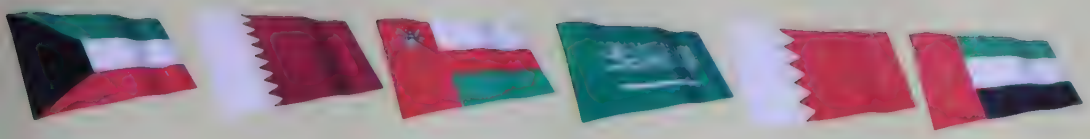
I will finish by praying to the Glorious Allah so as to help us all fulfill our duties in serving our beloved people under the guidance of the caring governments of the GCC States.

Wishing you all the best.....

Dr. Tawfik A. M. Khoja



Executive Director



The Health Ministers' Council for The Gulf Cooperation Council States First The Establishment of the Council

In order to affirm the strong relations and numerous links among the Arabian Gulf States and in order to unify their efforts in the health field, consolidate their cooperation and strengthen their brotherly relations – and take unified decisions by the Health Ministers of these countries in all matters. The Health Ministers of the Gulf Cooperation Council States have agreed, in their first meeting held in Riyadh on Safar 1396 H. Corresponding to February 1976 G., upon the following:

The necessity of holding regular meetings among them to discuss the health issues of concern to their states with a view to upgrade the health services rendered to the citizens in view of the national, regional and international experiences.

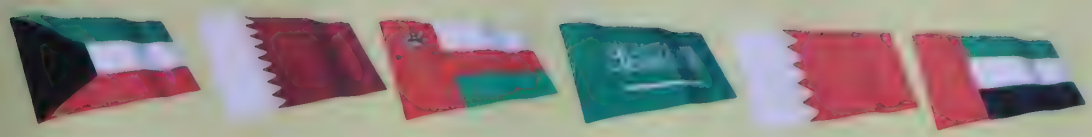
Therefore, "The Health Ministers' Council of the Arab Countries in the Gulf" which was later on called "the Health Ministers' Council for the Gulf Cooperation Council States" (HMC/GCC) was established.

MISSION
OF THE COUNCIL OF MINISTERS
OF HEALTH FOR GCC

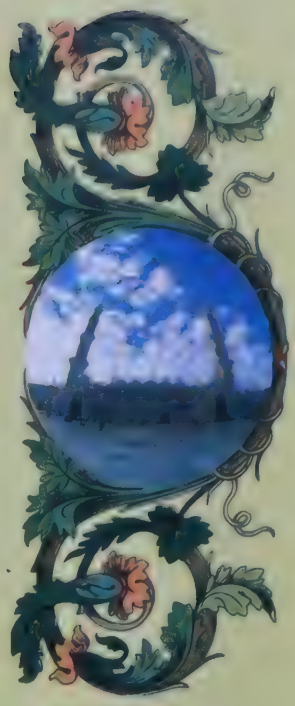
Since the GCC States constitute one regional community in its Islamic religion, Arabic language, population, similarity in geography, and values history, traditions, economic sources, social and cultural circumstances, therefore they had to unify their efforts in different fields of life to face the quick changes, and the overall development requirements.

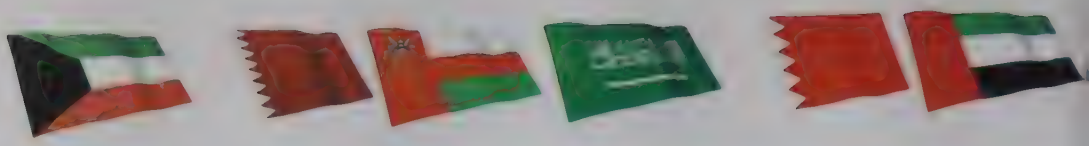
According to the Health Minister's Council for GCC tates, was established in 1397H (1976G.) for coordination between the GCC States in the fields of health to join the common world efforts symbolizing one goal for better achievement of health and expectation for health mission in the Gulf States based on these principles:-

- Common development & coordination between the Members States in the preventive, curative and rehabilitation fields.
- Dissemination the health knowledge among the citizens of the region taking into consideration the environmental circumstances, social and customs traditions, and Islamic rites, concepts and principles.
- Identify the concepts and directions of the different health and scientific issues unify and arranging the priorities as well as adopting the common executive programs in Gulf States such as: Family health/environmental health / health planning/ improving of health system performance/ quality assurance/ primary health care/ health education, - etc.
- Assessment of the existing systems and strategies in the health fields and supporting the successful experiences in the Gulf States to exchange such achievements in other Member State.



- Open channels with the international experiences and coordinate also maintain the cooperation with the Arab and International Organizations in the health fields.
- Procurement of safe and efficient pharmaceutical products, hospital sundries and equipments of high quality with appropriate prices through central group purchase program and Gulf central registration of Pharmaceutical products and companies.
- Conducting field surveys and researches for common interest of Gulf Sates.
- Organizing conferences, seminars, and training courses to raise the national medical capacities.
- And other purposes, that the council is doing more to realize.





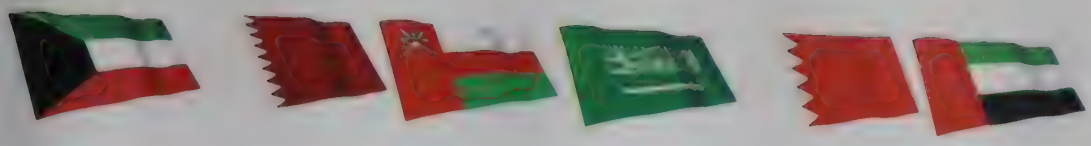
INTRODUCTION

The Establishment

Establishment of the Council & Nature of Work

The Arab Gulf States : The United Arab Emirates, Bahrain, Kingdom of Saudi Arabia, Sultanate of Oman, Qatar and Kuwait forming among themselves one region in its Islamic belief, Arabic language, being so close in geography and environment, economic resources, cultural and social circumstances, customs and traditions; found it more advantageous for all of them in both their present and future to form a Gulf Organization that links them closely, protects their homeland and ascertains their distinct identity. In order to affirm the strong relations and numerous links among the Arabian Gulf States, and in order to unify their efforts in the health field, consolidate their cooperation and strengthen their brotherly relations and take unified decisions by the Health Ministers of these countries namely; United Arab Emirates, Bahrain, Saudi Arabia, Oman , Qatar and Kuwait. The health ministers of the Gulf Cooperation Council States have agreed in their first meeting held in Riyadh on Safar 1396 H. corresponding to February 1976 G., upon the necessity of holding regular meetings among them to discuss the health issues of concern to their states aiming to upgrade the health services rendered to the citizens in view of the national, regional and international experiences.

Therefore, the Health Ministers' Council of the Arab Countries in the Gulf, which was later on called "The Health Ministers Council for the Gulf Cooperation Council States" (HMC/ GCC) was established.



The Executive Board

In their first above mentioned meeting, the Health Ministers decided to establish a health general secretariat, based in Riyadh city, to work as the executive body of the council and its name was later on amended to become "the Executive Board". It can be said that this institution was an inevitable response to the requirements of the factual findings and to the logic of the era in which our region lives and to the similar environmental conditions in the Member States adhering to the procedure included in the statutes of the Council.

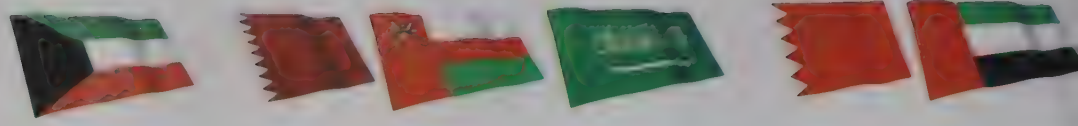
The Council's Work System:

1. The Health Ministers' Conference

The conference consists of the Health Ministers of the Member States. It is held twice in each yearly session. Each yearly session starts in January in one of the Member States in rotation and ends in December. And since its stablishment, the Council had held Fifty-three conferences along 27 session.

2. The Executive Director

He is responsible for supervising the works of the Executive Board and following up the resolutions and recommendations of the Ministerial Council. He is assisted by a technical, administrative and financial body. The executive director represents the Board in contacting the ministries and the other bodies, governmental, private in addition to the national and international organizations.



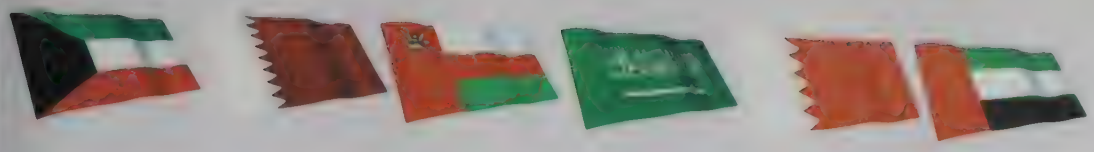
3. The Executive Body

It consists of members representing their countries and convenes twice per year in regular meetings in addition to the casual meetings (whenever needed), under the chairmanship of the Executive Director to draw up a strategy for the work of the Board and to prepare the agenda of the Ministers' Conferences and to issue the recommendations as regards the studies and reports prepared by the technical committees and work teams and to review yearly budget of the Executive Board.

The Technical Committees and Work Teams:

They consist of a group of specialists in certain fields nominated by the Member States and the Executive Director to study the subjects referred to them and related to the nature of their specialization and they present the result of their work to the Executive Director.

For Each Of The Above Mentioned Items, A Technical Committee Or A Working Group Had Been Nominated (The 6 Member Countries Are Represented In Each) And Are Currently Meeting To Follow Their Activities At The National And Regional Levels And Are Submitting Their Reports To The Board Periodically.



The Most Important Achievements of the Council

The Council realized a lot of achievements through the variousprogrammes which are seventy seven (77) in total, most of them are stillon going and some ended. These programmes are considered the outcomeof the studies made by the technical committees, working groups,symposia, workshops and scientific conferences organized by the Councilin that period.

Space may not allow to elaborate on these programmes, but it is sufficient to mention that they cover various medical fields: preventive, curative andrehabilitative. On the other hand, these programmes are dealing with issues such as health services, in addition to coping up with the recent advances in the medical fields.

The main objectives of the Council are coordinating health policies and health programmes in the member countries. It also provides a practical forum for active exchange of views among policy makers and researchers in the region. This is implemented through the exchange of knowledge, techniques, opinions and information among policy makers, decision makers, expert personnel, medical staff, and among analysts dealing with the utilization and integration of population data into social , health, sanitary demographic developmentary and reform plans.

The following papers give a brief description of some of the achievements of HMC/GCC in some closely integrated activities in the fields of preventive, curative, rehabilitation medicine and in related health services, such as information, education and training, planning and research; and to give examples of these achievements on the above mentioned sections. *IN THIS REGARDS I WOULD LIKE TO BRIEF THE FOLLOWING ACHIEVEMENTS:*

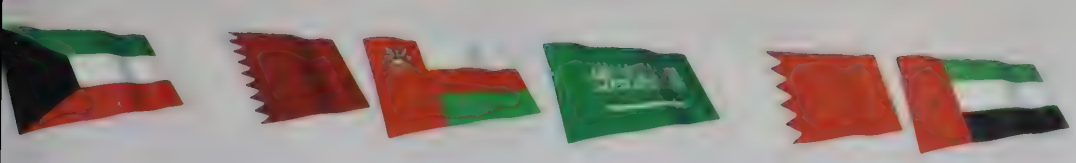
Coordination of health services among the member states

This function ranks top in the Council's achievements. This is reflected on the various health rates and indicators. For instance, life expectancy increased in the last two decades above seventy years and infant mortality rate declined to 8 - 21 per1000 live births. Vaccination coverage with basic vaccines increased to even more than the target rate set by the WHO and the UNICEF at the end of the nineties. Diseases like poliomyelitis have disappeared (the last polio case in the region was in 1993).

Moreover, there was dramatic drop of the infection rates from other infectious diseases in the Gulf States. Initiatives in the Gulf States for elimination of neonatal tetanus, diphtheria and leprosy, were made. The member states also have reached the objective of reducing the measles morbidity rates by 90% and the death resulting by 95%.

It is worthy noting that Tuberculosis Elimination Initiative which was launched in the member states of the council in 1996 is considered the first of its type in the world, and it aims at reducing the rates of positivist to 5 or less per one thousand sputum specimens by the year 2010.

Immunization against Hepatitis B, German measles and mumps has become part and parcel of the national immunization programmes for children vaccination. Furthermore Haemophilus influenza vaccine (Haemophilis influenzae B) was implemented in all GCC countries.



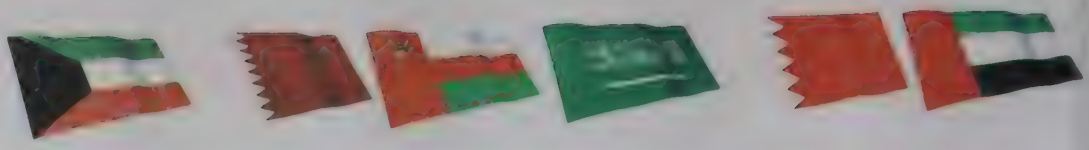
In the course of the last two decades the Council made a prominent progress in reducing the incidence rate of malaria, meningococcal meningitis, cholera, viral hepatitis, viral haemorrhagic fevers and the group of parasitic and Zoonotic diseases ....etc.

As regards the health programmes

a. Coordinating the efforts among the Member States for combating the communicable diseases in the region, e.g. Tuberculosis, malaria, hepatitis, meningitis, viral haemorrhagic fevers, nosocomial infections zoonotic diseases, the 6 killing diseases of childhood, and other emerging and re-emerging infectious diseases.

b. Combating non-communicable diseases of priority in the region, the attack rate of which had shown an increase in the last decades as the cardio vascular diseases, metabolic, degenerative onchologic, mental and psychic and other diseases; the morbidity and mortality of which are correlated with the changes in the life style and causing a real threat to the people in the region.

c. Coordination between member states in other curative fields like: Organ transplantation, neuro surgery, fine advanced surgery, eye diseases, blood banks, hereditary diseases, traditional and herbal medicine, etc.



CONTROL OF NONCOMMUNICABLE DISEASES IN THE GULF AREA

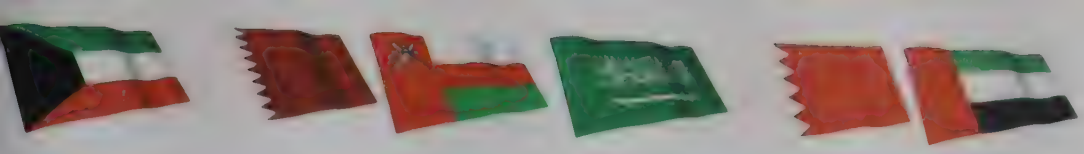
The changes brought about by demographic and epidemiologic transition have had a profound impact on the health patterns in countries of Gulf Region.

Chronic diseases such as cardiovascular, diabetes, genetic and respiratory conditions are rising dramatically in the Gulf Region. Currently, 45% of the region's disease burden is due to noncommunicable diseases. It is expected that this burden will rise to 60% by the year 2020.

CVD and diabetes are emerging as the single leading cause of mortality in Gulf. The enormous burden caused, in terms of suffering and health costs is escalating. NCDs present mainly at the primary health care (PHC) level and will therefore need to be handled principally in these settings. Yet, most primary health care has developed in response to acute problems and the urgent needs of patients. Health care workers need the skills and practical tools to manage these chronic conditions and to ensure that patients receive comprehensive, coordinated care.

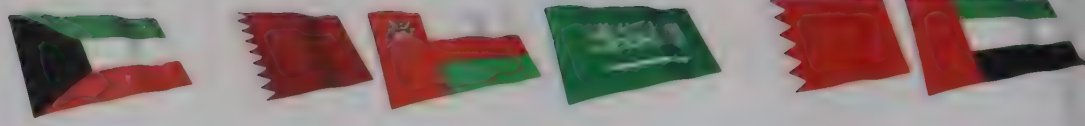
Health care systems must guard against the fragmentation of services. Care for NCD needs integration to ensure shared information across setting and providers, this means setting priorities for screening, early detection Prioritising Surveillance, and management to be applied and followed among Gulf area, through community based programme as well as PHC team training on:

- Evidence-based, clinical management of chronic conditions.
- Organizational factors that support the provision of care for patients with chronic conditions.
- A proven methodology for accelerating health care improvement in PHC.



Primary prevention, based on comprehensive population-based programmes, is the most cost-effective approach to contain this emerging epidemic. Therefore, action to reduce these major NCDs should focus on preventing and controlling the risk factors in an integrated manner. Intervention at all levels of society, from communities to governments, private organizations and nongovernmental groups, is essential for prevention since the risk groups are entrenched in the framework of society influenced by many areas of national policy.

Data from observational studies strongly indicates that the risk of NCD is increased in presence of obesity, physical inactivity, and high salt diet. All these are issues that could be addressed at population level. Thus, at first sight, a population strategy for prevention of NCD is an attractive option for Gulf area.



(Page "1 of 2")
Gulf Cooperation Council "GCC"
Session Number 26
Conference 50
Venue: Kuwait
January 8 – 10, 2001

Resolution # 3: Diabetes Control

Based on resolution (1-B) of the 49th board meeting concerning the control of diabetes, which includes the request of the Gulf States, to form a working group for collecting epidemiological information about diabetes, to be submitted to specialized committee for rehabilitation and treatment of diabetes.

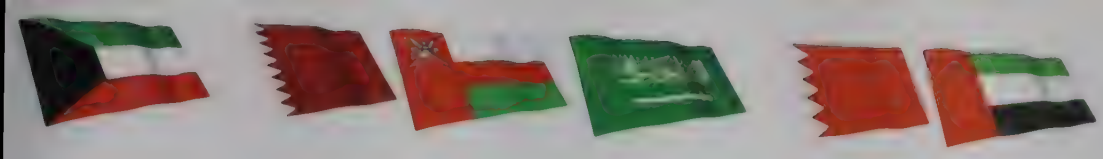
After reading the suggestions of the said committee that met in Abu Dhabi during the period of September 11 – 13, 2000;

On consideration of recommendation No. 2 of the 53rd executive board meeting regarding this issue;

And after hearing the clarification of H.E. Dr. Mohammed Ahmed Al-Jarallah about the activities of the "Diabetes Control Program" in Kuwait, and his offer to host the committee meeting in Kuwait;

Based on the above, the committee decided on the following:

A. Approval of the Gulf working team for the diabetes program to be situated in Kuwait to carry out the following: -



1) Establish diabetes epidemiological screening program, collect information and prepare diabetes health indicators in the Gulf States.

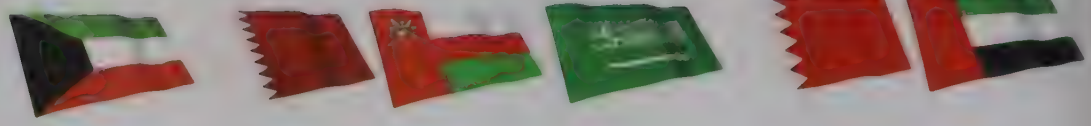
2) Coordinate, follow-up and communicate in the field of distribution of information and develop preventive, educational, and treatment programs to control this disease, and help individuals to lead a healthy life.

3) Supervise the training programs and train workers in the field of healthcare for Diabetes mellitus.

B. To form a taskforce or working group to prepare a timed working plan of action for the control of diabetes in the Gulf States, within a given period of time, not exceeding six months to implement the recommendations listed above.

C. To benefit from the plan of action and the diabetes control program suggested by the international association for diabetes. To follow up the broad guidelines for the control of the disease laid down by the international association in Tunisia in 1999.

D. Adopt new methods in the health care service of diabetes, i.e. specialized primary healthcare clinics for diabetic patients, adoption of shared care for chronic diseases, and reinforce the referral system within the different levels of health care services.



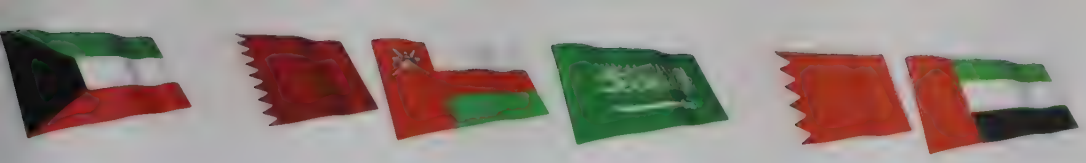
E. Work to establish specialized reference centers for diabetes disease and to be responsible for healthcare and treatment of diabetes and its complications.

The center should be able to help in the control of the disease, provide health education, and conduct training and research.

F. Suggest training programs for the healthcare workers education, and qualification in the field of diabetes control and to benefit from the experience of the Kingdom of Saudi Arabia, Emirates, and Bahrain in this field.

G. Strengthen the role of the ministries, other relevant societies, and nongovernmental organizations that are interested in diabetes control and try to form such organizations in the countries where they do not exist.

H. Adopt national diabetes registration system to register all the diabetes cases in each country of the Gulf States. It should possess very clear views and methodology to achieve each goal.



Gulf Cooperation Council "GCC"
Session Number 26
51st Conference
Venue: Geneva, May 2001

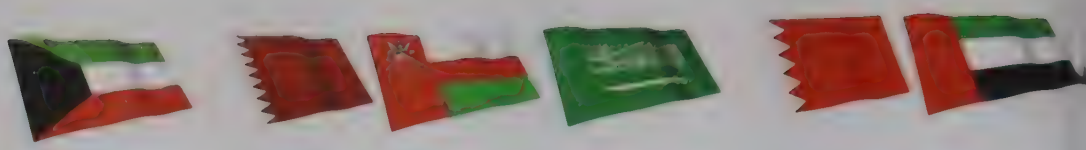
Resolution # 2: Control of Diabetes

Reference is made to resolution # 3 of the 50th Conference, concerning the control of diabetes, which also included the directive of forming a Gulf taskforce team for diabetes to be situated in Kuwait, and approved the duties and responsibilities of this team.

As a reminder, we would like to refer to the report submitted by the executive during the team's first meeting (12-13 September 2000 in Abu Dhabi), which contained epidemiological indicators on the spread of the disease within the international, regional and local levels, and the high rate of incidence in addition to its side effects, complications and the different types of health problems that follow.

We have noted the economic, social and psychological damage that is caused by diabetes, in addition to its negative impact on the health services rendered.

Having reviewed the minutes of the meeting held by the taskforce team, (Kuwait 18 to 19 March 2001) which has been formed per the above-mentioned resolution and the suggested plan to control this disease on the national level and with reference to what has been incorporated in resolution No. (5) of the 54th Executive Board meeting, we have decided as follows:-



1- Approve the "Gulf Plan of Action" (2001 – 2002) which has been suggested by the referenced taskforce team, as a guiding plan for the rest of the Gulf countries.

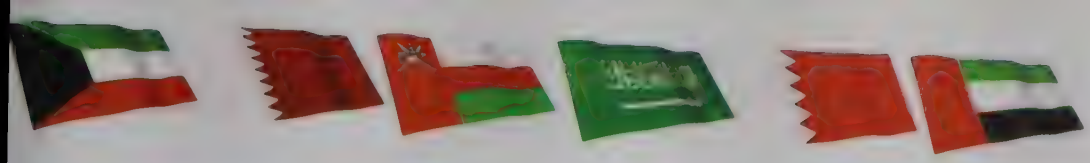
2- Take the initiative of forming the "National Committee for the Control of Diabetes" in member countries where these committees have not been formed yet. Also, work on following up the implementation of the suggested plan.

3- Incorporate diabetes control programs in the other programs that are related to chronic non-contagious diseases i.e. high blood pressure (hypertension), obesity, etc... within the healthcare joint systems for chronic diseases, and the specialized clinics in the primary health care sector in addition to enhancing and improving the referral systems at all healthcare levels. In order to achieve these goals, we have to benefit from the experience of the other member countries in this field.

4- Introduce and emphasize the necessity of "Healthy Life Style", and work on changing community attitude and behavior to adopt this concept. Also endeavor to strengthen healthcare service programs and preventive medicine, to include counseling and premarital medical check-up.

5- Incorporate diabetes control programs, including its complications, in the curriculum of medical and health institutes in the region.

6- With regards to the local and national societies, the council ascertains its importance and vital role, and also encourages their participation in the "Gulf Program for the Control of Diabetes", especially in the field of education, counseling and training of support Personnel.



Gulf Cooperation Council "GCC"
52nd Conference
Riyadh, 8 - 9 January 2002

Resolution # 8: Control of Diabetes

Reference is made to resolution # 3 of the 50th Conference, concerning the formation of a gulf taskforce for diabetes, and to determine its duties and responsibilities, among which is the preparation of a comprehensive gulf plan to control this disease drawn on phase oriented goals.

Reference is also made to resolution # 2 of the 51st conference, which has approved the Gulf work plan, on which also broad lines has been suggested for the Gulf task force during its 1st meeting in Kuwait (18 – 19 March 2001), which was rephrased and distributed by H.E. the member of the Executive Board in Kuwait, at the 51st conference of the council.

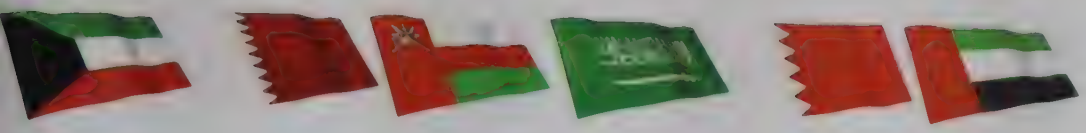
Also with special emphasis on the council's resolution of its 51st conference, which has indicated the importance of consolidating diabetes control programs, and other special programs related to non-infectious diseases i.e. high blood pressure (hypertension) and obesity, to be included in the joint healthcare systems, for chronic diseases, and the creation of specialized clinics within the primary healthcare centers.

We are also fully aware of the role of positive health life attitudes, and the necessity of changing life patterns and behavior in the individuals to comply with this concept, and in the light of resolution No. (9) of the 55th Executive Board meeting, we have decided as follows: -

1- Speed-up the process of forming national committees, for the control of diabetes in member countries, where these committees are non-existent.

2- Member countries should submit their suggestions for the activation of the "Gulf Diabetes Control Plan". These suggestions should indicate a phased goals plan, and a specific timetable, with special stress on resolution No. (3) of the 50th conference (mentioned above), taking into consideration that special emphasis should be made on preventive measures in controlling diabetes.

3- Instruct the "Health Education and Information Committee" of the executive board, to prepare a special program to enhance positive healthy life style approach and encourage the change of individual attitudes and behavior to go alongside with this concept. Ministries of health, in member countries, should concentrate on the following aspects: pre-marital medical check-up. promotive medical services, and extended medical care. as top priorities in their future plans and strategies.



Gulf Cooperation Council "GCC"
Session Number 26
50th Conference
Venue Kuwait 8 - 10 January 2001

Resolution # 4: Control of Cardiovascular Diseases

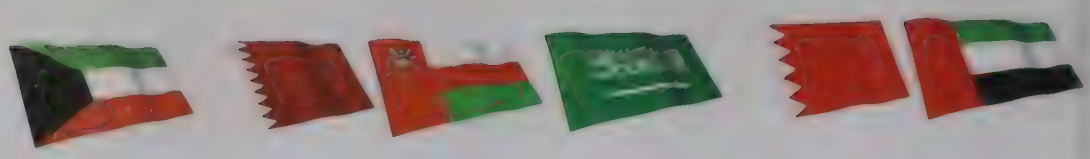
Reference is made to resolution # 1 of the 49th Council's meeting, which is based on the memorandum submitted by "The Executive Board", about the previous council efforts in the field of promoting medical services for cardiovascular diseases.

Therefore, and with a sincere desire to continue these efforts to be integrated with promotional, educational, and preventive services, which aims at reducing this group of diseases, and to have citizens avoid the causing factors for these diseases.

Also with reference to the letter of H.E. The Executive Director, and the suggestion of His Excellency, to organize the "Gulf Cardio-Vascular disease Symposium" in Doha during this year (2001).

And after reviewing the recommendation No.(2-B), issued at the Executive Board, on its 53rd meeting, we resolved as follows:

1- Hold the 1st Gulf Cardiovascular Symposium, in Doha, during the period of 18 to 20 Shaban 1422-H(3 to 5 November 2001). The council has agreed that Dr. Hajr Ahmed Hajr, Minister of Health, in Qatar, should preside over the "Joint Gulf Group for Controlling Cardiovascular Diseases.



2- Emphasize the necessity of completing and finalizing the preparation of reports to all member countries, and submit a report which details the studies and research carried out on this topic, giving the dimensions and magnitude of this problem nation wide, in response to the executive office circulated letter No. 1397, dated June, 2000, which is addressed to members of the "Executive Board", and the subsequent letter No.1773 dated July 26,2000, which is addressed to their excellencies the ministers, to be submitted to Qatar during the current month of January.

3- The first meeting of the "Joint Gulf Group for controlling Cardiovascular Diseases", shall be held in Doha during the 1st quarter of this year, and the members have been instructed to submit the " Gulf Strategy", and the broad guidelines, in addition to the "Joint Gulf Program" for the control of this group of diseases, including high blood pressure, taking into consideration the activation resolution No.(1), of the 49th conference which took place in Geneva on May 17, 2000, for the control of non-communicable diseases (A), Cardiovascular diseases. by putting in place the work plan and the procedures detailed in the abovementioned resolution.

4- Member countries and the Executive Office should circulate the second call for the "Gulf Cardiovascular Symposium", which will be held in Doha, Qatar, during the month of November this year, and urge all concerned parties, entities, and interested specialists to participate actively in it.

Gulf Cooperation Council "GCC"
Session Number 26
51st Conference
Venue: Geneva, May 2001

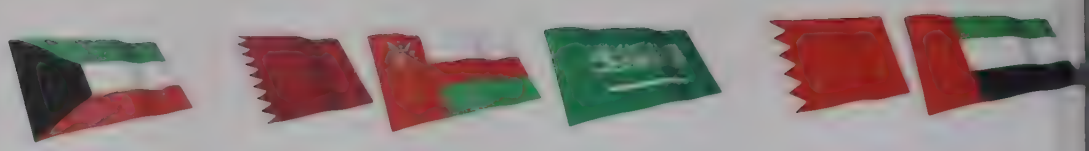
Resolution # 1: Control of Cardio-Vascular Diseases

Reference is made to resolution # 4 of the 50th Conference, an addendum to resolution No. (1-A) for the Council's 49th Conference, related to cardiovascular diseases, which are creating an immense amount of distress, discomfort and an increasing load on healthcare budgets, in addition to a great loss in human lives, affecting social and economic aspects both in the local and international arena.

This conference is based on the offer of H.E. the Minister of Health in Qatar, related to the readiness of the Qatari Ministry of Health, to host a conference to deliberate on this issue on both gulf and international arenas. The role of this conference is to suggest a preventative program to avoid this group of diseases, and discuss new treatment trends. The results of research and studies, reflecting the magnitude of the problem and its humanitarian, social and economic impact will be presented at this conference.

It is also in continuation of what was submitted by the council and the efforts exerted to create and update diagnostic services, medication, and surgery of cardiovascular diseases in member countries since 1978. The council has also decided to re-activate the cardiovascular program, with special emphasis on preventative measures, which were not given due care in the past.

The council has also reviewed the minutes of the ad-hoc committee, which had discussed this issue in its meeting in Doha during the period of February 10 – 12, 2001, under the



presidency of H.E. the Minister of Health in Qatar.
Reference is also made to recommendation No. 4, of the 54th meeting of the "Executive Committee", which took place in Riyadh last month.

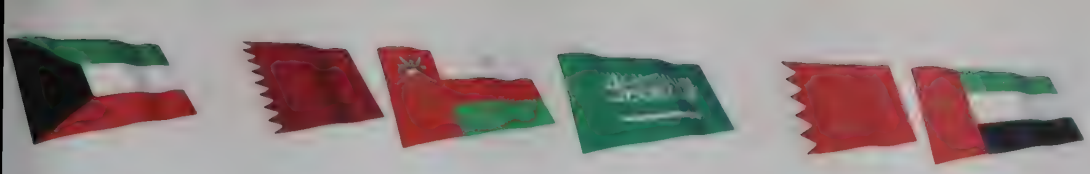
Based on the above, we resolve as follows: -

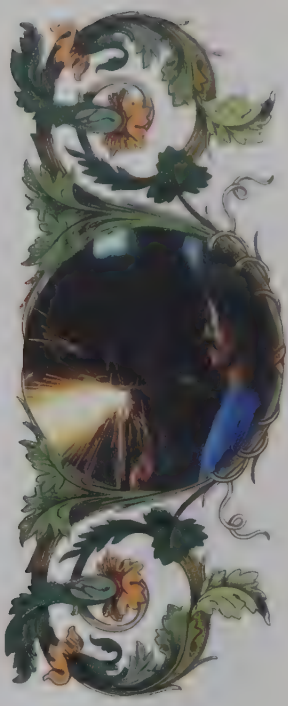
1- Convey the appreciation of the "Council" on the efforts of H.E. Dr. Hajr Bin Ahmed Hajr, in coordinating the activities between member countries in this aspect, and to thank H.E. for what he has exerted in this cause.

2- Amend the time for the 1st Gulf Symposium on Cardiovascular diseases to be during the period of 15 – 17, January 2002, in Doha, due to contradiction of the previous date (3 – 5, November 2001), with the General Trade Organization conference, which will be held in Doha. We also request the representatives of member countries, and other parties representatives "governmental and non-governmental entities, to participate actively in the "Cardiovascular Conference". Research and proposal of the plan of action should be submitted to the conference scientific committee in Doha, before October 15, 2001.

3- We urge all member countries to submit their views on the "Gulf Central (6) Cardiovascular Registers", based on country levels. Prepare the necessary agenda on plan of actions that they suggest to control cardiovascular diseases, and register them in the whole of the gulf region. as per resolution No. (4), issued by the 50th conference. This topic will be discussed in the committee's next meeting.

4- Encourage the establishment of Cardiovascular societies in all member countries.





Gulf Cooperation Council "GCC"
Session Number 27
53th Conference
Venue Geneva, May 2002

Resolution # 3: Control of Cardiovascular Diseases

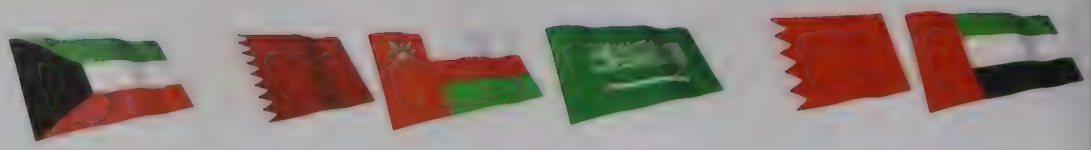
Reference is made to resolution # 1 of the 51st conference, and the previous resolutions No. (1-A) of the Council's 49th Conference, concerning the control of cardiovascular diseases.

And with reference to the 51st Conference resolution, which stipulated that, the First Cardiovascular Diseases Conference, should be held in Doha during the period from 15-17January, 2002.

Therefore, and based on the recommendations of the said conference, and due to what has been explained by the concerned committee, which indicates that this group of ailments, has become a major reason for illnesses and death in member countries and the rest of the world, whether in the developed or underdeveloped countries.

Statistical research has also indicated that the region is going through an epidemiological transition period, which is witnessed by increasing longevity (aging), and the drastic changes in behavioral, dietary and psychological patterns, which has resulted in rapidly increasing incidence and deaths attributed mainly to this group of diseases.

In addition to the above, and to recommendation #9, of the 56th meeting of the Executive Committee, we have decided the following course of action:-



FIRST : Control of Cardio-vascular Diseases in member Countries.

We emphasize the following:-

1- The establishment of a system to enhance epidemiological screening , with the main function of monitoring and assessing cardiovascular diseases in each of the member countries. These statistics and indicators are to be analyzed; and their results are to be studied. Progress in these studies should be evaluated. and clear cut priorities for health policies, should be put in place, to control and fight these diseases based on the findings and results therein.

2- H.E. Dr. Hajr Bin Ahmed Hajr, Minister of Health, in Qatar, is hereby requested to supervise and follow-up. the setup and formation of all the necessary work plans. on a phase by phase basis, to control this group of diseases, and to oversee how a complete coordination plan between member states can be achieved. These plans will be discussed during the next conference.

3- Work on adopting the concept of "Chronic Diseases Shared Care" in primary healthcare centers and hospitals, and to strengthen the referral system. and adopt modern approaches in the provision of healthcare services i.e. the establishment of mini-clinics and periodic check-up program.

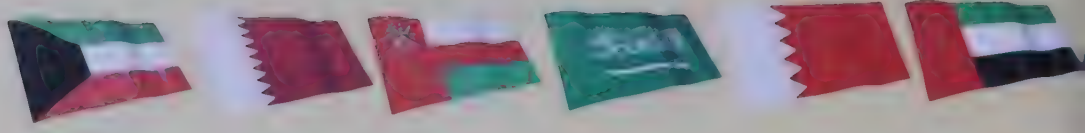
SECOND: Health education and counseling of citizens towards proper health behavior and change of traditional life style:

1- Intensify the "Educational Programs" that help to change their living style and to avoid environmental factors and dietary habits that impact their health negatively. Also to encourage social initiatives that endeavor to achieve these goals, disseminate the implementation of check-up clinics, periodic health evaluation and smoking control clinics.

2- Adopt the suggested Gulf plan, to support and develop health education programs, related to cardio-vascular diseases and diabetes, to be sent to "The Arabian Gulf Program", and to participate in implementing it in member countries.

THIRD: The establishment of "The Gulf ardio-Vascular Society"

The council blesses the formation of the above –mentioned society, to be chaired by H.E. the Minister of Health in Qatar, and the membership of representatives from member countries, without any financial obligation on the "Executive Board", as this society is a philanthropic and voluntary entity. The establishment of this society should not contradict the activities of the "Gulf Cardiovascular diseases Committee", which is emanating from the "Executive Committee", as well as it is a governmental entity. The availability of goals, views, and clear cut work methodologies are very important for each of them.



Expatriate Workers Check-up Project

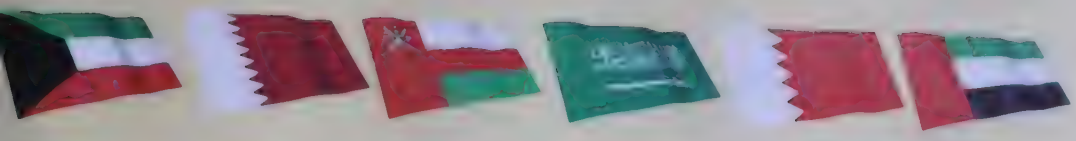
The project is one of the most important programmes supervised by The Executive Board which defined the health requirements needed to be fulfilled by workers coming for work in the region, and set details for laboratory and radiological investigations required to be undergone by those workers in addition to defining the set of diseases that workers should be free from.

In addition, The Executive Board chartered some medical centers in their home countries to conduct the specified medical radiological and laboratory investigations before workers are granted the entry visas to the Gulf States. The Executive Board also subjects those selected medical centers for regular follow up and evaluation.

The development leap, that the GCC States know during the last decades, was and is still, undoubtedly, in need of more manpower attracted from other countries to help in the continuous movement of growth , development and construction in the area.

For fear of the arrival of any disease that may be spread in some of the countries exporting this manpower, or the arrival of some workers unable to fulfill the tasks assigned to them, something which may cause problems to the importing countries and form a burden to the health services in the member states. This arouses the need to better choose the candidates to work in the area, taking into account the exactness in the medical test before their arrival.

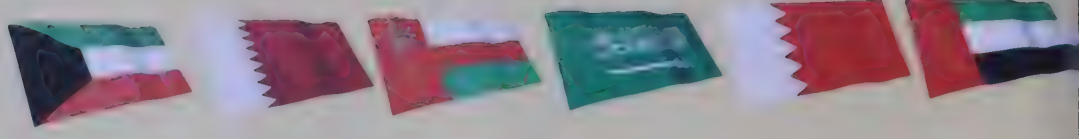
The immigrants do not affect only the health, but also go beyond to the psychological aspects in addition to their performance; namely the influence of the housemaids and



nursemaids upon the children in their early childhood. Regarding those working in the fields like agriculture, commerce, Industry, restaurants, hotels and public services, who leave their impression on the social and attitudinal pursuit and on customs and traditions. All that is also related, directly or indirectly, with the Public Health.

Because of the importance of the medical test of the workers before their arrival to the Council States to be certain that they are free from any infectious disease, and since the Board has remarked that the required conditions of the medical test differ from one to another, and since the medical test centers are dissimilar, the Executive Board sees the necessity to unify the efforts between the GCC States to find common program to test the immigrants. Therefore, the Board submitted a memo to the Assembly 41 of the Executive Board in December 1994 introducing the subject to the Health Ministers' Council for GCC. States for discussion in order to control the centers testing the candidates intending to work in the area, and unification the health conditions required in the candidates.

The 38th conference in January 1995 issued a decision approving that the Executive Board shall maintain the supervision of the immigrants medical test centers. The Board, in this regards, formed commissions to visit the main exporting countries of this manpower to examine and choose the medical centers that are competent enough to make the required medical tests according to the scientific and conventional basics and standards. The Board also determined the health conditions required in the authorized medical center, the required medical aptitudes in the immigrants intending to work in the area in addition to the clinical, laboratorial and radiological examinations to be made to the immigrant.



The Board also formed a commission which started work since June 1995 and long up to the year 2001 making ten visits in the countries of South East Asia, exporting most of the immigrants working in the GCC. States: India, Srilanka, Pakistan, Bangladesh, Philippines, Nepal, and Indonesia. The authorized centers, to now, reach 175 Health Center distributed as follows:-

India	**: 71**
Pakistan	**: 15**
Philippines	**: 17**
Srilanka	**: 10**
Bangladesh	**: 22**
Indonesia	**: 25**
Nepal	**: 05**

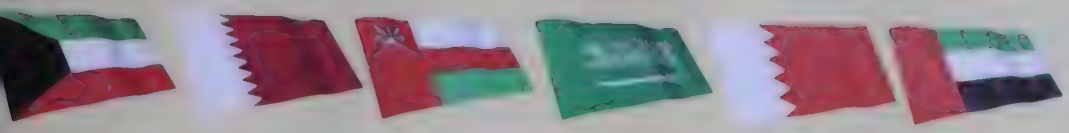
Those, annually, examined in these centers reach one Million and a half, of whom the unfit reach 10.9%.

The Common Policy Features in the examination field of the immigrant to GCC States : -

1- The Executive Office follows up with the performance of the manpower Medical Centers through all means including sending commissions to, regularly and continuously, evaluate and supervise the Medical Centers in the countries exporting manpower.

2- Commitment of the GCC. States to exchange information about the deported labor for the health unfitness and provide the Executive Office with such information to help the Board as a main factor for the evaluation of the centers, where that manpower are examined.

3- The Executive Office shall prepare the list of the authorized centers to examine the manpower in every country according to the approved conditions and specifications.



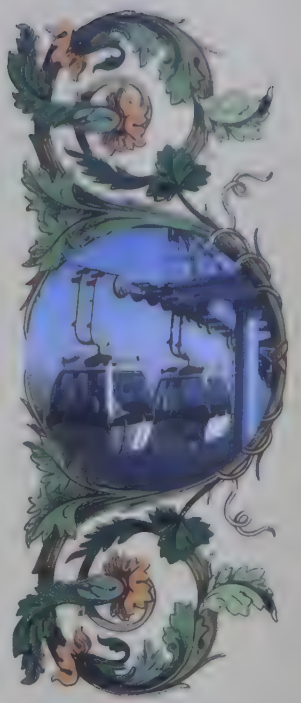
4- The Executive Board has the responsibility to add new centers to examine the manpower or cancel the authorization of any of these centers.

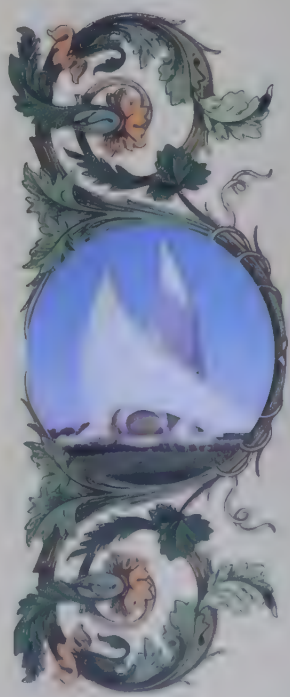
The Success fundamentals of the common policy to examine the immigrants:-

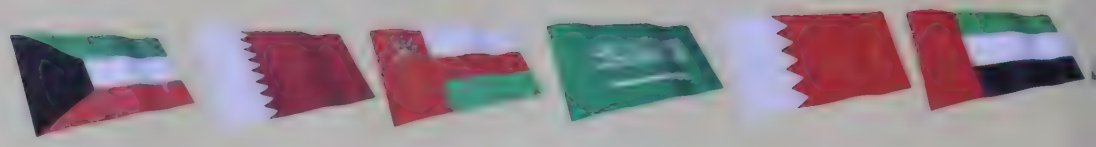
1- The GCC States shall approve the adoption of common policy and strategy regarding the examination of the immigrants.
2- These states shall comply with the decision of the Health Ministers and approve the recommendations taken by the Executive Board to add or cancel the foreign medical test centers.
3- License the medical centers for one renewable year, taking into account the evaluation of the centers in terms of the compliance, seriousness and exactness of the required medical tests.
4- Penalty of the centers issuing incredible certificates.
5- The State members shall exchange information regarding the unfit workers and notify the Executive Board.
6- The State members shall comply to deal with the well equipped centers in the main cities only.
7- Sending, in a continuous and regular way, commissions to follow up the performance of these centers and re-evaluate them.

The Method to follow up and evaluate the manpower examination centers:-

1- Following up and evaluation of the manpower examination centers in a continuous and regular form, updating the list of the authorized centers by cancellation and addition, every year.







2- The evaluation of the authorized examination centers shall be as follows:-

a- ***External Evaluation:***

Periodical visits of the technical committee to evaluate the manpower examination centers and reporting the Executive Board including the commission's recommendations to go on dealing with the center impose material or moral penalties or completely cancel the membership of the center.

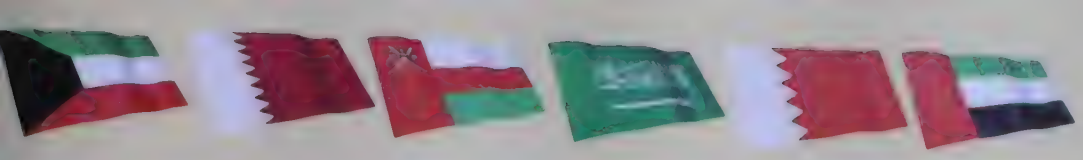
b- ***Internal Evaluation :***

1. Done by the periodical reports sent by the concerned authorities in the GCC. States regarding the number of the deported manpower for medical unfitness and the cause of that stating the examination centers issuing the certificate of medical aptitude.
2. Feeding the computer with these information after being
   gathered from the State members in a periodic way.
3. Data analysis and classification , the result of which to be put forth to the concerned committee in the Executive Board to take the suitable measures according to the size and nature of violations committed by any center.

Method to approve new medical overseas examination centers :

1- The number of centers in every area shall be proportionate to the number of labor assumed to be examined yearly.

2- The medical center, requiring to be authorized to examine the immigrants, shall submit an application to one of the Embassies or Consulates of GCC. States including the documents and papers clarifying the following information:



- Location and Area of the center.
- Material and human capacities available in the center.
- Medical Services available in the center.
- Number of workers that can be examined by the center monthly.
- Undertaking to comply with the rules and conditions determined by the Executive Board to examine the immigrants.

3- The Consulate shall gather enough information about the center required to be authorized and shall be certain that the reputation of the center is good , then send all these data and information to the Executive Board in Riyadh .

4- The Executive Board in Riyadh shall examine the documents submitted by the center and the information gathered to be sure that the center meets the conditions to examine the immigrants.

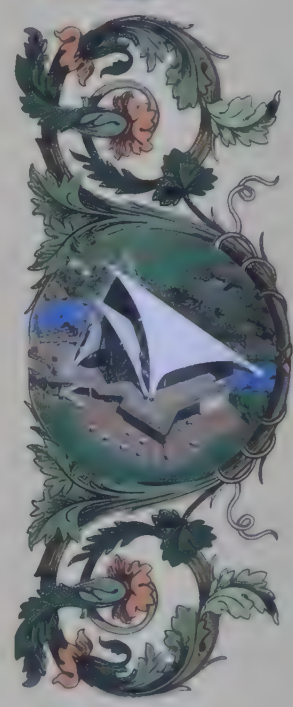
5- The Technical committee shall visit the requiring authorization center to be sure of its material and human capacities and be certain of the submitted information and evaluate the center according to the evaluation form. The committee shall submit the Executive Board the form including its recommendations to authorize or not the applying center.

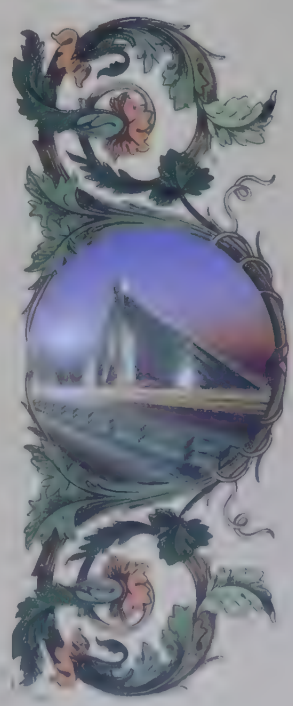
6- The center shall be notified with the approval decision and given the membership certificate.

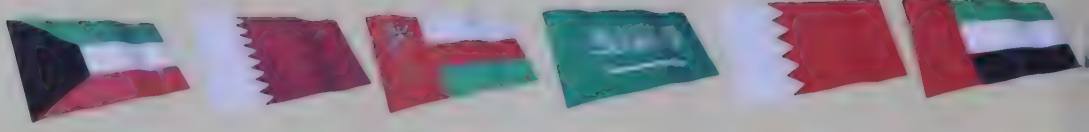
7- The list of the authorized centers shall be sent to the Consulates and Embassies of the GCC. States through the official contact channels by the Ministry of Health.

8- The Consulates of the GCC. States shall undertake to refer the manpower to be examined in the authorized centers only.

9- The authorization period shall be one year that can be renewed or cancelled depending upon the compliance of the center with the conditions and rules in the examination of the manpower decided by the Executive Board.







Terms required in centers to be authorized in the manpower medical examination: -

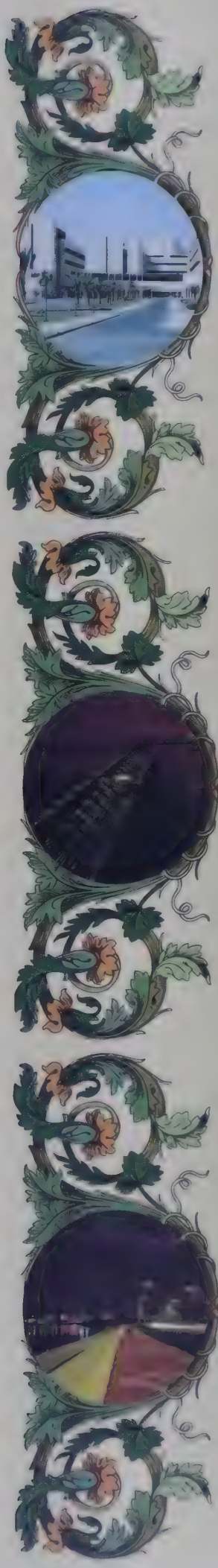
1- The center shall be authorized by the local health authorities.
2- The center shall be in the territory of the main areas exporting the manpower and easy to reach by the workers to be examined.
3- The capacity of the center shall be matching with the number of manpower assumed to be examined.
4- The center shall have modern equipment and testers to make the required examinations according to the international quality standards.
5- The medical team, in all the center divisions, shall be competent and trained enough to make examinations in all the required fields. The size of the medical team shall also be matching with the size of the required work.
6- The administrative staff shall also be highly organized and competent enough to assure the fulfillment of the administrative requirements to organize the examination process and the credibility of the issued certificates.
7- The center shall have exact and well-organized records about the labors examined as well as the results of the laboratory tests.

Bylaws of the immigrants program

The Board of the Health Ministers' Council in the GCC. States, in its conference 51 held in May 2001, approved this program's bylaw in order to control, codify, form and organize this program and the operation of the Health Centers participating in this program. This bylaw was translated into English by the Executive Board and circulated to the State Members, the Ministries as well as the related authorities in addition to all the authorized health centers and those submitting authorization applications so as to be a duly contract determining the tasks assigned to every participating part in the implementation of the program to be complied with by the authorized medical centers.

Extension of the area of the program

The Kingdom of Saudi Arabia applied to generalize this experience in five African Countries in addition to the seven countries working with this program in South East Asia.



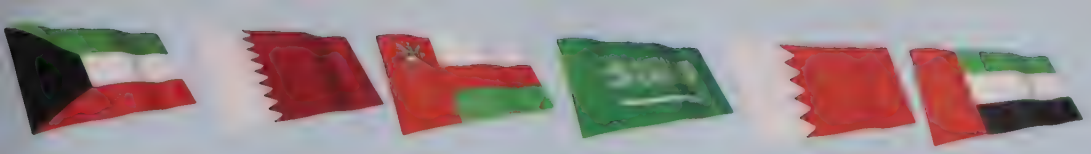
Strategic Health Planning

Coordinating among the Council states in the health planning programmes such as unifying the health concepts and definitions, deriving the sound health planning methods, installing the data and cost analysis systems, evaluating the performance rationalizing the expenditures of the health utilities and economic feasibility figures of the health and quality assurance programs and reviewing the use of the health service and others. All these topics are being dealt with through concerned teams.

Primary Health Care

Primary Health Care received the attention of The Executive Board very early since its establishment; where a specialized committee was formed (called Primary Health Care Committee). This committee set a framework for the basics of providing primary health care services, dealt with problems related to basic health services, food, drugs, environmental health, and health education. This was in February 1976, i.e. two years before the Alma-Ata meeting of the WHO. The work of this Gulf PHC Committee crystallized later on to define the concept of primary health care so as to suit the local circumstances in the region. Thus, it set up a job description for workers in this field, designed programmes for their training and rehabilitation. On the same line, three Gulf conferences on primary health care were organized in Bahrain, Muscat-Oman, Abu Dhabi and the fourth will be held in Kuwait this year by Allah will.

The maternal and child health care through the MCH programmes, ensuring safe pregnancy and delivery, generalizing the concept of the baby friendly hospitals, encouraging breast feeding, EPI programmes . ...etc



Nursing Service

Improving the nursing services through the Gulf Nursing Committee which began its work since the establishment of HMC/GCC in 1976. This committee had verified many achievements starting by raising standards of education in the nursing schools, unification of their curricula and the introduction of higher nursing institutes and colleges for nursing in the member countries, bringing to this profession new programmes for continuous education and future upgrading, promoting the acquisition and utilization of knowledge on new techniques in this profession and on quality assurance in nursing services in the gulf states.

This committee had also suggested and strategy to verify its goals for the next 5 years, put a code of professional conduct for nursing ethics, and organized 4 Gulf Scientific Seminars on nursing topics. The fifth will be held in Riyadh October 2002, where in this conference **"Nassiba Bint Kaab Awards"** were prepared by the Ministers Council to be awarded annually to the best she - or he - nurse at the national level of each member state. A special booklet about nursing profession under the title of ***"Code of Professional Conduct for Nursing"*** was among the Executive Office publications.

Health Education and Information

The Executive Board has adopted a Gulf Strategy for health education programmes, and issued a great deal of publications for that purpose. Also, it held a large number of scientific meetings, the latest of which was the "Health Education Conference" held in Abu-Dhabi in June 1997.

The TV broadcasting programme called "Salamatak"- (which is a colloquial term meaning your health and safety) is just one of the fruits of cooperation among the member states in the field of health education. The fourth stage of this program was broadcasted in the year 2000 by Allah will.

In addition, The Executive Office is issuing a periodic magazine called (Sehat Al-Khaleej, meaning the Gulf Health) which is concerned with health and scientific news analysis, whether national, regional or international.

Coordination among the Member States in the field of health education through drawing up a Gulf strategy for health education, programmes and through the joint production of "Salamatak" Programme episodes of which have been shown on broadcasted TV and radio stations for the last 15 years. Fourth stages of this programme had been produced uptil now and work is currently underway to produce the fifth stage which will be ready for broadcasting in future.

Mass Media and Public Relations

The mass media and public relations department was established in January 1993 G. as a new department in the Executive Office, with the objectives of coordinating mass media and public relations among the GCC States in the fields of holding conferences, symposia, technical committees and for informative activities. These include publishing newsletters, brochures, and posters that promote the Executive Office activities through its participation in International Days related to health. It also publishes the "Gulf Health" magazine, produces "Salamatak" (Your Own Safety Programme), issues informative papers and publications, and arranges books-fairs organized by the Health Ministers and its Executive Board.

The Mass Media and Public Relations Department also writes news, features, recommendations and resolutions pertained to meeting's agendas, and publishes these through news agencies, local newspapers and Gulf magazines. The Mass Media and Public Relations compiles reports and proceedings of conferences and scientific meetings held under the sponsored by the Executive Office . These meetings are put on video and cassette tapes and sent to the member states where they can be used for education and training purposes.



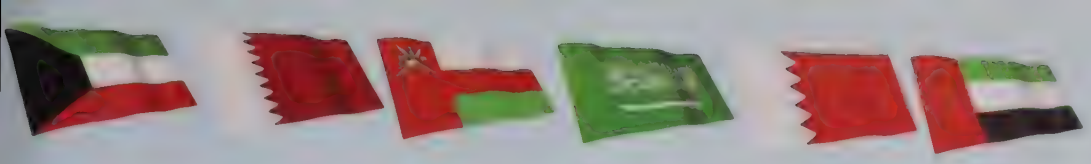
Quality Assurance in Health Care

The last decade of the twentieth century has witnessed a remarkable attention and care manifested by the introduction of and marketing the techniques of quality assurance in the health care sector. This resulted in the appearance of a number of approaches which affected the process of improving the performance of the health systems. Efforts are currently underway to strengthen the awareness of the importance of these approaches. In this context, the term "indicators of performance" is being used ; and some issues like accreditation and certification have become part and parcel of the indicators of performance.

The Gulf Cooperation Council of Health Ministers' did not ignore the subject of primary health care. It captured its utmost care since 1976 AD ; namely two years before Alma-Ata Conference. This interest was reflected by establishing the primary health care committee since that date . One of the outstanding achievements of this committee was defining concepts of primary health care which suits the conditions of the region , setting titles and job description. as well as training programs for the working cadres in this field.

The Executive Board continued its activities through establishing the Gulf Committee for Primary Health Care which held so far ten (10) meetings. three (3) conferences. two (2) symposia and one workshop.

In cooperation with the WHO regional office , the Executive Board organized a consultative workshop for setting accreditation guidelines in the health facilities for the member states within the quality assurance standards. The workshop was held under the patronage of H. E. the Minister of Health in the Kingdom of Saudi Arabia.



Prof. Dr. Ossama Shobokshi , and the participation of H.E. Prof. Dr.Hussein Al-Gezairi – the Regional Director of the WHO Eastern Mediterranean Regional Office.

In this workshop , 35 experts from the EMRO countries , in addition to participants from the GCC States and experts from the international quality assurance societies.

The workshop was held in Riyadh throughout the period from 14-18 Muharram 1422 AH (8-12 April April , 2001 AD). This is considered the first workshop of its kind to be held in the Eastern Mediterranean Region. The workshop discussed five basic issues including the preparation of accreditation guidelines for the facilities in the health sectors, based on the recommendations made b the consultative country meeting held in Budapest. The discussions also included the methods and techniques of application of the process of accreditation in its final form in parallel to and based on the strategy presented in the international meeting held in October 2000 in Dublin , Ireland. Scientific subjects in this consultative meeting also dealt with the basics of supervision, monitoring (follow-up) and assessment of the quality of health services as well as the modern concepts of accreditation systems and the proposed methods for framing these concepts within the health systems of the participating countries.

In fact , applying the accreditation system is considered one of the most important pivots and the modern means to push forward the process of upgrading the quality of health services thus matching the international march towards total quality management , which – in turn – will undoubtedly help in preparing for the process of choosing the proper health establishments and facilities , and in applying the rules and regulations of the cooperative health insurance system .

In conclusion, the workshop issued the following recommendations :

I- Recommendations to the EMR member states :

1- The member states in the WHO Eastern Mediterranean Region are to introduce the concepts of quality improvement and accreditation within the organizational structure of the health system. More care is given to quality and accreditation, as well as provision of political support , preparation of policies and procedures in addition to availing the necessary resources.

2- Introduction of the concepts of quality improvement and accreditation within the educational and training programs for workers in the health sector .

3- Taking necessary steps required for use of the guidelines set by the WHO to apply accreditation.

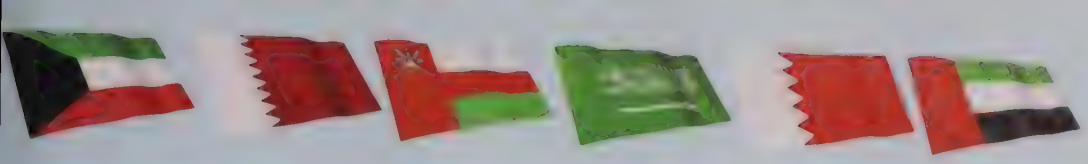
4- Introduction of a system of incentives and presentation of achievements made to improve quality and accreditation.

5- Preparation of technical reports about the response of the member states in the field of quality improvement and accreditation , and periodical exchange of these reports among the member states.

II- Recommendations to WHO Eastern Mediterranean Regional Office:The EMRO is to:

1- Continue providing technical support to the member states in the field of quality improvement and accrditation.

2- Set the proposed guidelines in its final form through revising the preliminary draft by a working group of specialists and the member states. Circulation of the finalized guidelines of accreditation to the member states in three languages (Arabic, English and French).



1- Strengthen cooperation between the WHO and the Executive Board of the Health Ministers' Council , and exchange information and expertise between the WHO and the member states , provide fellowships and research projects as well as preparation of local information network about quality and accreditation.

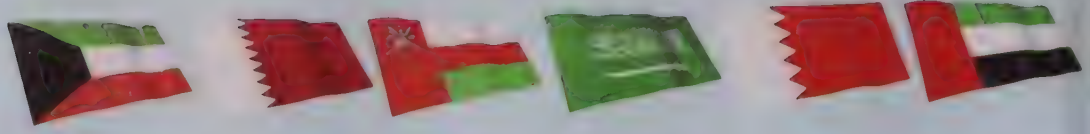
2- Take necessary actions to ensure that adequate budgets are allocated to support activities of quality improvement and accreditation whether on the regional level or on the level of the member states.

III- Recommendations to the Executive Board of the Health Ministers' Council for the GCC States and the WHO Eastern Mediterranean Regional Office.

1- Cooperation with the member states and the WHO to activate programs and mechanisms of application of quality improvement and accreditation at the Gulf and national level.

2- Provision of required assistance to set guidelines for accreditation systems , as well as technical and financial support necessary for application of the accreditation system and its follow up.

These recommendations were crowned with the Council's resolution No.3 in its 51st conference held in Geneva in Safar 1422 AH (May 2001 AD) and resolution No. 11 in its 52nd conference held in Riyadh in Shawwal , 1423 AH (January 2002 AD) which involved calling on the committee to follow on its work to make the following recommendations effective :



1- Introducing quality improvement and accreditation within the organizational structure of the health system; this is to be undertaken by a specialized administration located in the higher level of the organizational structure of the ministry, and preferably connected directly to H E the Minister of Health . In addition, developing interest of quality and accreditation and urging the member states to provide support and commitment as well as mobilizing the required resources for application.

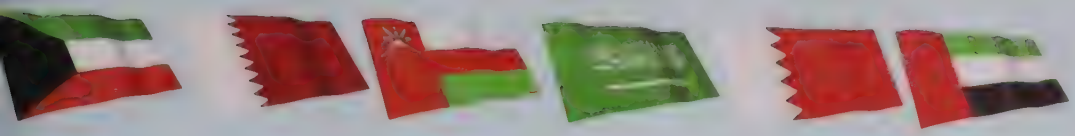
2- Introducing the concepts of quality improvement and accreditation in the educational and training programs for workers in the health sector.

3- The member states are to set the proper criteria and standard indicators necessary for improving the efficiency, effectiveness and quality of health services in all health services' facilities and their connection.

4- Taking necessary steps to set and use the guidelines prepared by the WHO to apply accreditation within these facilities after making sure that they are applying national criteria set for that purpose.

5- Preparing technical reports about the experiences of the member states in the field of quality improvement and accreditation and its periodic exchange with other member states.

6- Preparation of a Gulf information network about quality assurance to be a nucleus for database for the committee or any Gulf authority for accreditation.



7- Increasing cooperation means among the member states through the Executive Board and the WHO Eastern Mediterranean Regional Office, and exchanging information and expertise to activate the programs and mechanisms of applying quality improvement and accreditation.

8- Introducing a system for incentives and presenting the achievements made to improve quality and realize satisfaction of health service recipient and provider as well .

9- Holding joint training courses and conduction of researches to develop the methods of applying the concepts of quality within the services in the health facilities .

WHO-EMRO in Collaboration with GCC Health Ministers' Council Saudi Arabia, Riyadh Meeting April 2001 "Accreditation of District Health Facilities" Major Recommendations:

1- Institutionalize quality improvement and accreditation.

2- Establish a critical mass of expertise in quality improvement and accreditation.

3- Adapt and implement the regional guidelines for accreditation.

4- Introduce a system of reward to recognize achievements in performance improvement.

5- Promote advocacy and networking in the region.

"Gulf Health Magazine"

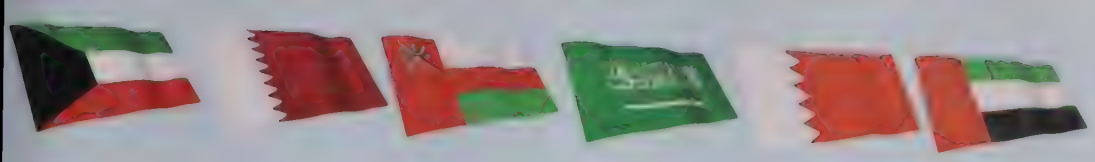
The Gulf Health Magazine published periodically by this department on regular bases along the last 6 years. It aims to highlight the achievements of the Executive Board, to record news, activities of Ministries of Health of Member States in addition to publishing medical news and pharmaceutical features.

The magazine used through its years of publication to write about a number of health related topics and with the participation of a number of distinguished editors, senior officials, specialists, physicians, and decision makers. It also provided a number of newsreels, and published discussions, dialogues, reports and health experiences of the Member States.

In addition, it published a number of articles and regular features that deal with health related problems common to the GCC States.

"Salamatak" Program (Your own Safety Program):

This T.V. program was established to epitomize the practical efforts exerted by the Executive Board, and its accomplishments in the area of creating an awareness of health through the most important mass media means at the present time, i.e., Broadcasting transmission and Television sets. In a very short time, the program was able to realize a great deal of ambitions and hopes, and influence the behavior of citizens with regard to health.



The program was produced in four stages. Each stage lasted two years.

Details as follows:

- ***The first stage of the program:***

  At the cost of KD, (Kuwaiti Dinars) 1,235,000 and included the following:

52 TV serials	duration	30 minutes each
260 TV messages	duration	3 minutes each
52 TV Broadcasting program	duration	15 minutes each
150 Broadcasting spots	duration	2 minutes each

- ***The second stage was accomplished at the cost of KD 800,000/- It included:***

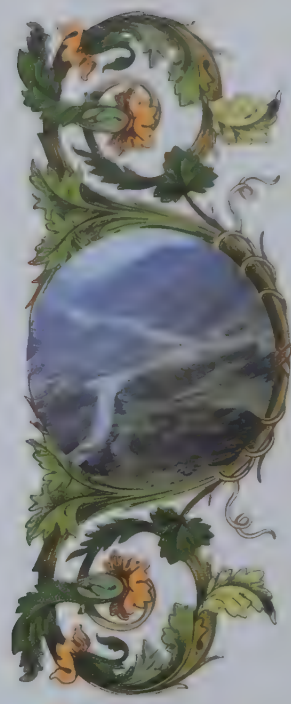
78 TV serials	duration	20 minutes each
150 TV messages	duration	3 minutes each
78 Broadcasting Program	duration	10 minutes each

- ***Stage three at a cost of KD 203,000. It included:***

30 TV serials	duration	10 minutes each
25 TV messages	duration	4 minutes each
29 Broadcasting Program	duration	10 minutes each

- ***Stage four which was recently produced at the cost of KD 494,150 It included***

52 T.V. serials	duration	10 minutes each
100 T.V. messages	duration	3 minutes each
52 Broadcasting serials	duration	10 minutes each
100 short spots	duration	1 minute each

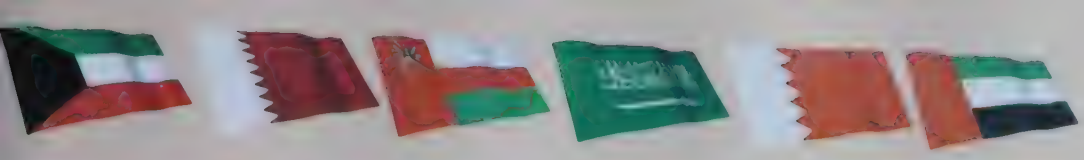


Anti Smoking Program

The beginning was in January 1979, when the Kingdom of Saudi Arabia submitted in the 6th Health Ministers' Council Conference – a working paper on combating smoking in the GCC states. The paper involved many programs : to prohibit smoking in the health and educational establishments to increase health education about the health hazards of smoking and prevent advertisements on tobacco in the media. All the GCC states unanimously agreed on this paper. Consequently, there was a need to establish a technical committee in the executive board of the health ministers' council for the GCC states to plan and follow up implementing resolutions and recommendations issued by the Council in the field of smoking (tobacco) control. More than 32 resolution including more than 40 item were issued. Of course, these had a positive impact on restraining the smoking epidemic in addition to facing the very fierce campaigns led by the tobacco companies in the region. Of the most important resolutions issued are the following:

1- Resolutions that ban advertisement for cigarettes and tobacco in its various form in the media, e.g. local newspapers and magazines, radio and television.
2- Resolutions that demand the reduction of the nicotine content to 0.6 in each cigarette.
3- The Ministers of Health decided to stress the importance of effective enforcement of legislations related to banning smoking at schools, colleges and institutes in general.

They also decided on stopping the activities of the so-called META (Middle East Tobacco Association) in the Gulf region. In order to face its attempts to seduce the youth and other age groups. In the Meantime, the custom tariffs on cigarettes are being continuously raised, reaching now 150%.



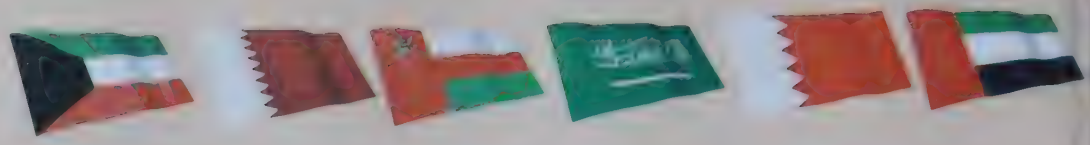
In this regard, the World Health Organization awarded the Executive Board of the Health Ministers Council for GCC States its award for tobacco control in 1999 in appraisal for its outstanding efforts in the field of minimizing the hazards of smoking in the Gulf region.

The world celebrates annually the World Anti-smoking Day on the 31st of May every year, where on that day ministries and agencies interested in public health and combating smoking in the world actively dedicate their efforts for health education about the hazards of smoking using the various means of media, such as interviews, newsletters and posters.

In implementation of resolution No. 8 issued by the 50th conference of the Health Ministers' Council for GCC States held in Kuwait in the period from 14-15 Dhul-Qaadah 1421 AH (9-10 January, 2001 AD), the resolution was circulated to all member states in order to follow up implementation of its items.

On the other hand, the Director General of the Cooperation Council for the Arab Gulf States was addressed with regard to the said resolution. He requested that the different items in the resolution be presented to the specialized council in order to help supporting their implementation, especially those related to increasing the custom tariffs and to increasing the space for the health warning on cigarette packets (according to the letter No. 3391 dated 21 January 2001.

To strengthen collaboration with the WHO Eastern Mediterranean Regional Office, the Executive Office had participated in the WHO Consultation of Litigation and Public Inquiries as Public Health Tools for Tobacco Control organized by EMRO in Amman, Jordan in the period from 5-7 February, 2001.



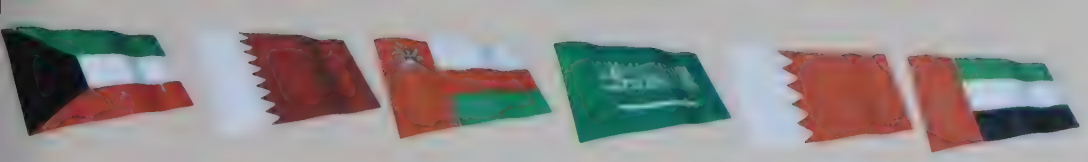
The Executive Office is currently participating in the preliminary meeting held in the General Secretariat of the Cooperation Council for the Arab Gulf States to study the economic impact of banning advertisement for tobacco and its products in the media in the GCC States, this was previously requested by their excellencies the Ministers of Information.

The questionnaire prepared by the EMRO about anti-smoking program was filled by each of the member states and sent back to the regional office for data analysis.

A working paper on "Tobacco Epidemic and How to Combat it", prepared by **Dr. Abdallah Al-Bedah,** and revised by *Dr. Tawfik Khoja* was circulated to the member states as well as the Cooperation Council (according to letter No. 3458 dated 29th Shawwal, 1421 AH) and efforts were materialized to implement its contents. The said paper is currently documented, in booklet, as a guide policy for anti-smoking.

Efforts are vigorously made to follow up on the member states and the General Secretariat for the Cooperation Council requesting them to stop the activities of META (Middle East Tobacco Association). Steps were taken in Saudi Arabia and Kuwait in the form of circulation of this request to the concerned bodies in this respect.

Gulf Standardization Organization was inquired about standards of Mu'assl (a mild tasting tobacco, due to its preparation with molasses, glycerin, fragrant oil or essences) with the proposal of updating the standards of tobacco and its products, especially cigarettes.



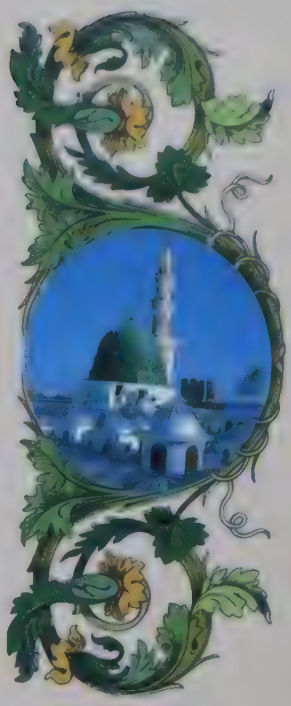
As for increasing the custom tariffs from 100% to 150%, it was implemented in Qatar. On the other hand, the Sultanate of Oman is coordinating efforts with related bodies in the Sultanate in this regard.

According to the directions of HE Prof. Dr. Ossama Shobokshi, the Minister of Health in Saudi Arabia, the Executive Board is underway forming a subcommittee to study various alternatives in relation to raising the prices of cigarettes in the Gulf States. In coordination with the members states, the framework of this proposal is being prepared to be presented to the next Health Ministers' Council meeting.

The Health Ministers' Council issued 22 resolutions related to smoking control, each involving many paragraphs and items which, thanks Allah, had been implemented successfully.
Coordination is underway with the EMRO to provide the Executive Board with some information on tobacco prices, custom % in the neighboring countries so as to be used in preparing the proposed working paper.

An educational poster on the occasion of the World Anti-smoking Day (May 31st, 2001) was made, and it was circulated to all member states and the health institutions by the Executive Board.

The fourth stage of the audiovisual program SALAMATAK , meaning "Your Safety" which was just executed (it includes health education messages about the hazards of smoking) is being televised and broadcasted in the member states.

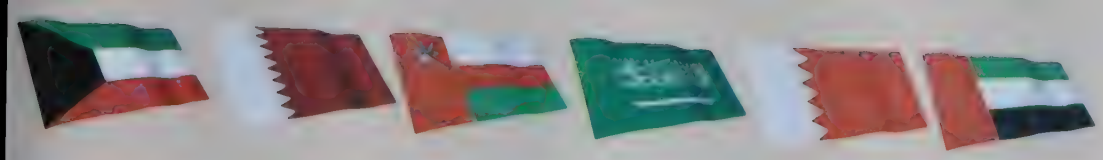


The periodic magazine called "SEHAT AL-KHALEEJ", meaning "The Gulf Health" – issued by the Executive Board is keen on having every now and then some main articles on the health hazards of smoking. In addition, a series of articles is being published in the current issues of the magazine about combating smoking health hazards in the Council's States.

With regard to deduction of 5% from tobacco taxes to be allocated for control of smoking, this unfortunately did not take place tili now. But, there are some serious efforts along this direction. Qatar Sates agreed to set 2% of tobacco taxes for controlling smoking, and the Sultanate of Oman allocated a lump sum of good amount out of the 2001 budget for the same purpose. Communications are being made in Saudi Arabia in this respect.

CONSTRAINTS:

1- The lobby formed by the tobacco companies and their agents in the member states through traders has a great impact on issuing and implementing the Ministers' resolutions.
2- There is a great deal of difficulty in implementing the Ministers' resolutions the latter being connected with other governmental offices, e.g. customs, information, finance, and others. These are independent offices which have their administrative character.
3- Weak continuous follow up with these offices in addition to the effect of the health personnel, inside the member states.
4- The role of the States' representatives has to be made more effective. This might be realized through organizing a meeting for the Smoking Control Committee, and symposia, in other words activating the work of the committee and the symposia (they have not convened since 3 years).

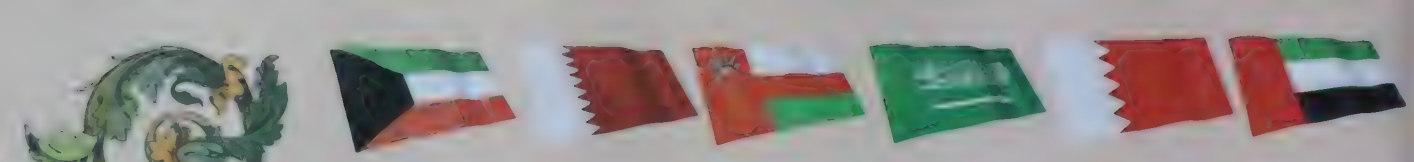


The programmes of tobacco combating and limiting its dangers through defining restrictions for this, foremost among which reducing the nicotine and the tar content in the imported cigarettes and raising the custom tariff on the tobacco and its products and forbidding smoking in the work places, the public closed places, the means of the internal transportation in the Member States are major achievements.

Moreover, generalizing and unifying the terms warning against the harms on the cigarette packets obliging the producing companies to print the production date on them is applied to all cigarette imported into GCC States.

Other Measures for Tobacco Control

The Council also issued more than 36 resolutions in the field of tobacco control that dealt with measures the foremost of which was forbidding advertising for tobacco and its products in the national media (this is partially implemented in most of the Council States), forbidding competitions organized by the tobacco companies and forbidding donations of gifts and other promotion with cigarette packets, forbidding smoking in the workplaces, closed places and `public transportation. Added to this, smoking and selling of cigarettes on board of Gulf airlines as well as national ones, and in flights among the member states, were prohibited. Above all, establishment of tobacco factories is entirely prohibited in the region.

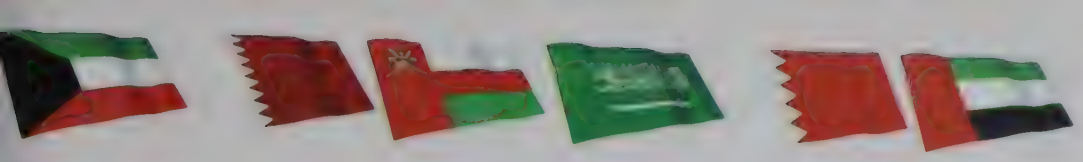


The last few years witnessed, too, other additional measures to control tobacco, namely:

- Increasing the custom tariff on tobacco and its products to 100%.
- Ieduction of the nicotine content in the imported cigarettes in all Council States to 0.6 mg and tar to 10 mg.
- The formulation of a "Unified Gulf Tobacco Control Strategy" (presented to the Council in its forty sixth conference held in Muscat - Oman, in February 1999; and then to the General Secretariat of the Cooperation Council for other ministries and concerned bodies to take part implementation.
- Organizing ten symposia for health education about the health hazards of smoking in Bahrain (in 1992), Muscat - Oman (in 1994), Doha - Qatar (in 1996) and the fourth symposium is going to be held in Abu Dhabi in November 1999 and on.

WHO Health Award for Work on Tobacco Control Granted to the Health Ministers' Council For The Gulf Cooperation Council States

The World Health Organization awarded the Executive Board of the Health Ministers' Council for the Gulf Cooperation Council States the award for Tobacco Control for the year 1999 in appraisal of the continuous efforts exerted by the Executive Board in the Gulf region in the field of tobacco control.



Information, Research and Training

a. Information

The Executive Office of HMC/GCC is currently implementing an ambitious plan to establish and develop a Health Information System for the region through its computer section.

The proposed system will also involve a process of continuous appraisal of data dissemination and publication of technical reports including annual population and health data sheet.

The Health Information System for GCC States will also be aiming at increasing the level of material exchanges and networking with other specialized agencies in the Gulf region, the Arab World, and on the international level.

b. Research

The major aims of HMC/GCC research programme may be summarized as follows:

- To develop the capacity to undertake research in the core areas of health.
- To develop the capacity to undertake in- depth research in a specified set of critical population and health issues in the region.

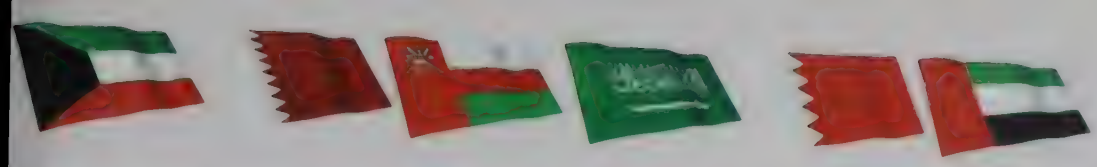
Research in both the core and special issues levels is based on the analysis of data from sample surveys, on secondary data and on comparative documentary, primarily in collaboration with member states as well as other regional and international organizations:-

Field Research

In collaboration with health ministries of the member states throughout the period from 1992 to 1997, the Executive Board completed a study on the child health in the Gulf states which involved data of over 277,000 citizens, 38,000 mothers and 56,000 children. The study achieved its objective of providing a data base of basic information related to child deaths (mortalities) and the factors underlying, the results of this study and the analysis of its results have been published in books and these books have been distributed among the concerned national, Arab and international bodies.

Another study had been carried out since 1994 "The Gulf Family Health Survey". Its objective being to delineate the biological, environmental, demographic and economic factors that affect the health of the family (children-youth – husbands – aged people) in the Gulf region; in addition to studying the patterns of morbidity and mortality in the different age groups among the citizens of the region. This survey covered 34481 families in the 6 member countries and its final results were discussed in GCC seminar held in Riyadh for this purpose in November 2000.

These two projects had been implemented by HMC/GCC under the auspices of H.R.H. Prince Talal Bin Abdul Aziz, President of AGFUND and with the collaboration of GCC, WHO, UNICEF, UNFPA. Both projects helped to formulate the base-line data for health and health determinants. These data will help in planning, setting priorities evaluation of health programmes and projects in the member States.



Training and Technical Assistance

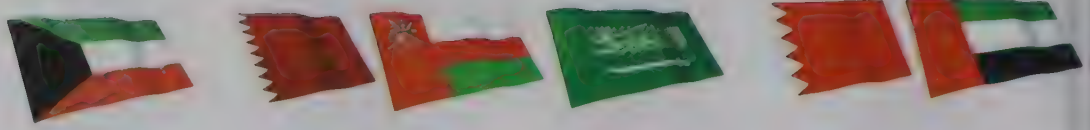
One of the aims of HMC/GCC training and technical assistance programmes are:

- To upgrade the level of technical skills in the region through the organization of workshops and training courses in the fields of health planning, analysis of population and health data and evaluation of the impact of health programmes.

- To conduct seminars, expert group meetings and consultative meetings pertaining to HMC/GCC hence, to help translation of recommendations into plans and programmes' formulation.

Since its establishment, the Council has paid paramount attention to the scientific aspects, as it was keen to hold the scientific conferences, seminars, training courses and workshops.

As a result, the region has witnessed during last years fruitful activities dealing with numerous subjects such as the conferences of Primary Health Care, the health planning symposia, the unified purchase development, traditional and herbal medicine, zoonotic, geriatric diseases, health economics, school health, hereditary diseases, blood banks, telemedicine, anti-smoking seminars, car accidents, and the ethics of the medical profession, healthcare quality management, non-communicable diseases control, and other scientific meetings.



AIDS Program

Control of AIDS and HIV infection:

The HIV global epidemic is far more extensive than predicted 20 years ago. According to WHO and UNAIDS estimates at the end of 2000, 36. 1 million people were living with HIV, (over 50% more than 1991 projections). Africa is still the epicenter of the epidemic. However, during 2000, the highest rates of increase in HIV infection were registered in eastern Europe and central Asia. Injecting drug users constituted the majority of the newly infections on the global level.

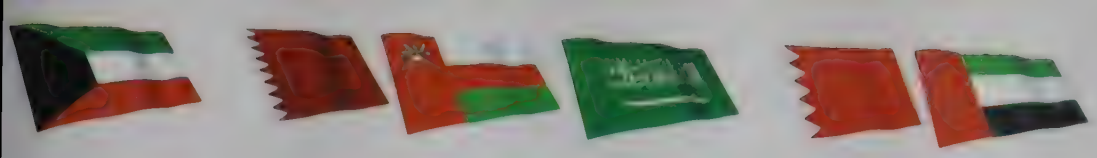
Current Trends in the Gulf States:

Most of sources of infection in the region are through blood and blood products transfusion.

However, the rate of spread of infection in the region is slow and stable. Recent updates and reports from countries show that there is increasing awareness among health officials to the need to better understanding the determinants of the HIV epidemic and to adapt prevention and care responses accordingly, many factors influence the current progress of HIV infection in the region.

Setting a strategy for combating HIV in the Gulf States:

The Council of Ministers of Health of GCC. in the absence of effective treatments or a vaccine. and feeling that the problem is a multi disciplinary in valuing a complex range of economic. social and cultural behaviors initiated in its 23rd conference in may 1987 a strategy for HIV control.

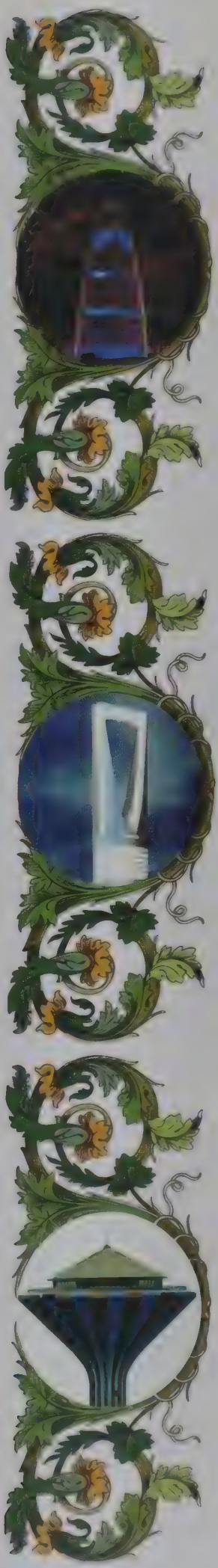


The parameters of this strategy were based on the following pillars:

1- Condensed health education programs.
2- Prevention of blood borne transmission.
3- Prevention of transmission through injections and skin pierseing procedures.
4- Prevention of prenatal transmission.
5- Case management.
6- Reducing the personal and social import of HIV infection by preventing complacency and denial aboard infected and diseased persons as these theater to undermine current actions and seriously hampers future efforts.

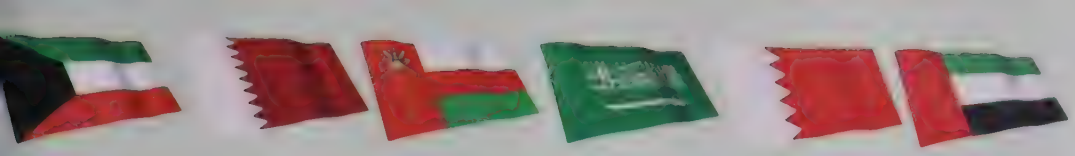
However, the Council of Minister of Health of GCC passed in this respect two other important resolutions:

- Resolution No. 14 its 36th conference (Jan 1994) to exchange all the information in about positive HIV cases discovered in any of the member counties.
- Resolution No 4 for its 51st conference (May 1991) approving the rules and regulations of expatriate workers requiring them to be HIV-ve.



Other Programmers and Activities

It is not easy to include here all other programmes being implemented by The Executive Board, e.g. senility diseases and elderly care, hereditary disorders, food and nutrition and sound sanitary disposal of medical wastes. Added to these are the activities performed by The Executive Board for coordination among the member States in fields like organ transplantation, open heart surgery, advanced eye surgeries such as retinal detachment, corneoplasty, treatment of squint and laser correction of sight defects (errors of refraction). cancer registry, the use of irradiation and radio-active isotopes in cancer management, control of hospital infections, quality control, health economics, continuing medical education etc; in addition to development of nursing services (where a specialized committee set unified terminologies (nomenclatures) and standards of acceptance by the colleges, institutes and schools of nursing in the member states, and prepared programmres for training and continuous learning; and job hierarchy. (The committee also made a great progress in unifying the educational curricula for this group).



Central Drug Registration

GCC-DR (GCC) drug registration was approved on 15th May, 1999 and include Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Its Executive Office for Health Ministers is located in Riyadh, Saudi Arabia. The GCC-DR. committee consists of two members nominated by each state, the responsibilities of GCC DR. are:

1 - Registration of Pharmaceutical Companies.
2 - Registration of Pharmaceutical Products.
3 - Inspection of Pharmaceutical companies for GMP compliance.
4 - Approval of quality control laboratories.
5 - Review of technical and post market surveillance reports.
6 - Responsible for the Program of Bioequivalence study as a part of quality assurance.

The Central Drug Registration Policy

1- Description and title of the committee:

The Title (Gulf Central Committee for Drug Registration - GCC-DR).

2- Determination of the assignments that shall be carried out by the Gulf Central Committee for Drug Registration:

a. Register the drug/medicine companies pursuant to the consolidated Registration Gulf Act.
b. Register the pharmaceutical preparations pursuant to the consolidated Registration Gulf Act.
c. Study the technical reports coming from the member countries or the international organizations/ commissions about the drug companies, their preparations and taking necessary action towards them.

d. Approve the pharmaceutical preparations analysis reports issued by the accredited reference laboratories in the member countries.
e. Approve the drug analysis laboratories in the member countries.
f. Fix the export price CIF for the pharmaceutical preparations for all the member countries.
g. Inspect the drug companies factories in order to ensure their application of the good-practicing basis for the drug manufacturing pursuant to the Gulf Act.

3- The Members of the Committee: It is suggested to form the committee as follows:

a. Two members from each country.
b. The Executive Office shall appoint two of its affiliates as advisors for the committee provided that they shall have no right for voting.

4- The Central Registration Phases/Stages:

a. The First Stage

It shall be put into effect within a period of two years while the countries shall be granted a transitional period to register in it by a parallel manner with the central registration along with giving a priority & preference for the central registration and afterwards the experiment shall be evaluated and looked into its development.

This stage phase includes the following:

1- Registration of the research – drug companies through studying the evaluation of their files pursuant to the consolidated registration Act and the visit made by a technical team for them in order to ensure their application for the good manufacturing of Pharmaceutical production (GMP).

2- Registration of the Gulf companies and their preparations along with giving them the preference in registration.
3- Registration of the Genaric Companies.

b. The Second Stage

During this stage, the experiment shall be evaluated and commence in the extension of the companies registration and the genetic drugs.

5- The validity of the central registration

a. The central Gulf committee's resolutions for the drug registration shall be binding for the consolidated purchasing.
b. All countries must sanction & approve the export price CIF which has been approved by the committee uponcompletion of the registration procedures in the country.

6- Allocation of the referral laboratories for analysis

The analysis shall be carried out in one of the reference laboratories accredited by the council's countries.

7- The Meetings

The executive council extends an invitation for the committee's meeting if necessary.

8- The procedural steps

1- The Executive Office shall assume receipt of the registration files after ensuring the fulfillment of the registration requirements pursuant to the consolidated registration Act and upon duly filling the following forms:

   a. The drug companies registration form.

   b. A pharmaceutical chemical entity / preparation registration from.

2- The company submits (7) complete files – for every chemical entity – to the Executive Office along with (15) samples and an internal brochure provided that two (2) samples shall be dispatched to each country along with the registration file which needs to be studied.

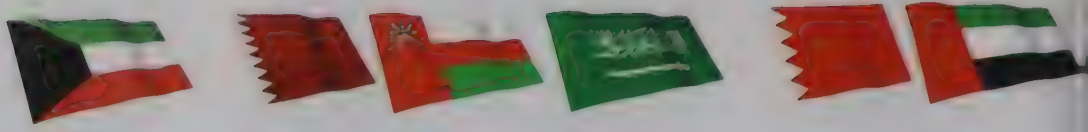
3- The registration fee with the Executive Office shall be as follows:

   a. The companies registration shall be (Ten thousand Saudi Riyals, distributed as follows) SR. 5.000 which shall be 50% of the registration fee against studying the company's file. SR. 5.000 which represents 50% of the remainder registration fee upon the final consent and approval for their registration.

   b. The registration of the chemical entity (Six thousand Saudi Riyals.

4- Every country shall assume the study of the files - forwarded to it – and then return with its recommendations to the committee.

5- The company shall provide the laboratory with the necessary needs & requirements for the analysis i.e. standard materials, analysis methods and others.
6- The committee shall dispatch the samples of chemical entities – presented for registration to the reference accredited laboratories for analysis after recommending the approval of registration.
7- The meeting shall be deemed legal if the number of countries represent in it – is not less than four countries.
8- The committee's resolutions shall be adopted by the majority of the attendant member's votes.
9- After approving the registration of the company or the chemical entity – centrally – the remainder authentication & documentation's procedures & fees shall be finalized in every country as per its prescribed & established policies.
10- The Executive Office shall issue the companies registration certificates & their chemical entities in accordance with the decision of the committee.
11- The new companies – demanding registration – shall incur & bear the costs of the inspection team for visiting their factories inorder to ensure their application of the good exercises basis for the good manufacturing of pharmaceutical production (GMP).
12- The companies reserve the right to lodge their grievances to the Executive Office within a period of two months effective from the date of notifying them with the decision of the Gulf Central Committee for Drug registration.
13- The Executive Office will incur & bear all the costs of the central registration program for drugs and propose the annual budget, deemed necessary for that.

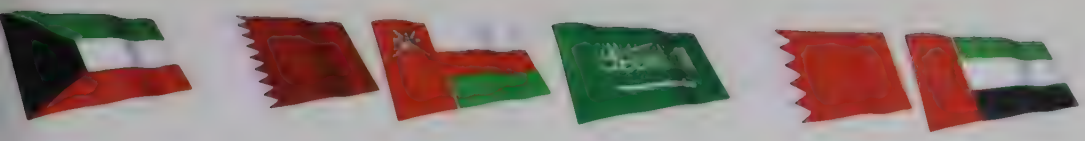


GROUP PURCHASING PROGRAM

A. The Establishment of Group Purchasing (Origin of the Concept)

The unified purchase of drugs and medical equipments is also considered one of the most important achievements of the Council. It has ensured the purchasing of high quality products from the best national and international companies. In addition, the program has saved millions of dollars for the Council States. This concept originated since the first Ministers' Council for the GCC states in 1976 with the objective of securing supply of some drugs which were hard to secure either because they were wanted in small amounts or due to their high prices. Hence, the idea came of presenting this group of drugs in a common tender since 1978 undertaken by the Permanent Drugs Committee. This tender, amounting to over one million US dollars, involved 32 purchased items awarded to 9 companies.

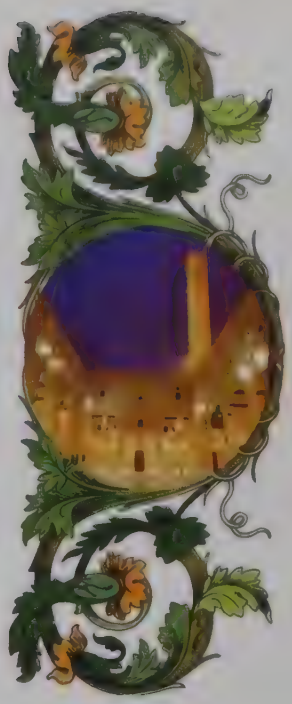
Due to the success of the idea, the first hospital supplies tender was presented in 1982, then the sera and vaccines tender in 1985, followed by the first pharmaceutical chemical tender in 1992, the medical rehabilitation supplies tender in 1996 and the Laboratory Apparatus in 2001. Thus, a total of all items of the tender in 2001 were secured through the unified group purchasing tender amounting as follows:



Tender Nos for 2001	Items	No .of companies	Total cost
23 for pharmaceuticals	1127	109	234,520,837.7143
18 for Medical sundries	871	156	61,679,690.6171
16 Vaccines & Sera	43	8	19,490,507.1000
09 for Chemicals	4	4	612,418.5650
02 for Insecticides	15	11	2,773,715.0000
06 for Rehabilitation	511	11	2,637,410.6600
01 for Lab. & Blood Bank	913	40	31,063,218,8900
TOTAL	**3484**	**339**	**352,587,798.3000**

B. The Achievement of Group Purchasing

1. Achieving a financial saving through purchasing large quantities with less prices **" Cost reduction".**
2. Direct calling of the companies registered according to the rules and regulations set by The Executive Board thus ensuring high quality of the purchased items **"Standardization".**
3. Ensuring use of the same drugs by all member states made by the same manufacturing company **"Information sharing".**
4. Ensuring rapid processing of presenting tenders and their award **"Enhancement of purchase operations".**
5. Ensuring continuous supply of drugs, hospital supplies and equipment all the year round through successive deliveries by minimizing routine administrative and financial procedures.
6. Improve the application of Quality Assurance, control procedures and bio-equivalence.
7. Allowing other health sectors such as specialized hospitals to secure their needs through group purchasing.



C- Mechanism of Group Purchasing

Eight tenders are presented annually (Drugs - Sera and Vaccines - Medical Rehabilitation Supplies - Hospital Supplies and Equipment - Pharmaceutical Chemicals) Laboratory supplies for each of which three permanent committees are formed; namely

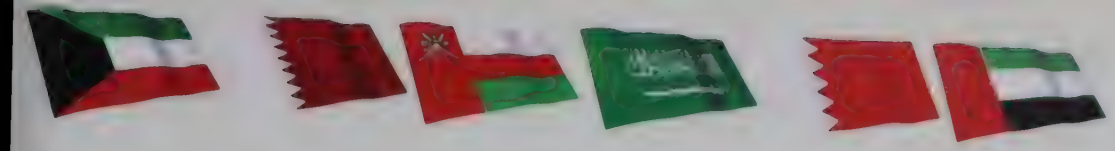
1. Permanent Committee for Pharmaceutical Preparations (Drugs - Sera and Vaccines – Chemicals, Insecticides).
2. Permanent Committee for Pharmaceutical Preparations.
3. Permanent Committee for Medical Rehabilitation Supplies.
4. Permanent Committee for Laboratory supplies.

According to suggested dates by the concerned committee, three meetings are held for each of the above mentioned committees.

a) Tender Preparation Committee

It was agreed that this committee is comprises of 3 members from each of the Council states in addition to a representative from the Executive Board. The committee undertakes the following:

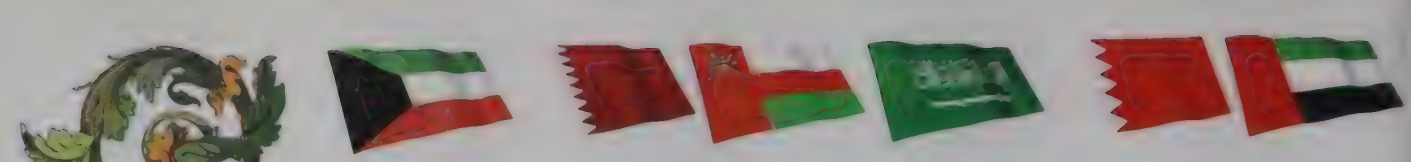
- Studying resolutions issued by the Council that regulate the operation of Group Purchasing Programme.
- Discussing the member states feedback about the previous tender.
- Reviewing item specifications for the previous tender.
- Suggesting the including of new items or the deletion of old ones.
- Examining conditions of the tender and performing whatever necessary amendments.



- Screening of the list of companies going to be invited for participation in the new tender.
- Agreeing upon dates of presenting the tender for selling.

At the end of each meeting, all recommendations issued by the committee are carried out till the preliminary quantity are received from the member states. These are presented in the tender bidding the registered companies to purchase copies of the tender and these companies are given one and half months to submit their quotations according to the
following rules:

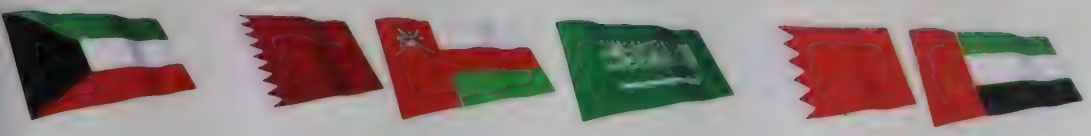
1. Delegating a local agent to follow up the tender procedures with the Executive Board.
2. After the closing date, no quotations (offers) are received.
3. An initial bank guarantee (bid bonds) with the quotation documents should be submitted (before opening the envelopes) equaling about .5% of the quotation sum. This bank guarantee should be valid for 120 days renewable.
4. Companies bid for the tender have the right to submit a principal quotation and two alternatives for each item.
5. Companies have the right to write down their remarks and reservations about item specifications or conditions of the tender on the quotation papers and the technical committee has the right to accept or reject these remarks.
6. The company has to commit itself to all the specifications and conditions of the tender.
7. Each company has to submit a number of samples for each item for examination on award.



b) Committee of Envelopes Opening

This is held after receiving quotations (offers) at the specified time, and it is formed, two, of 3 members from each of the Council states. It is entitled to perform the following:

- Reviewing lists of quotations and bank guarantees with envelopes submitted.
- Reviewing covering letters submitted with quotations and preparing a list of companies to be contacted for procedural or technical reasons. Tabulation of prices given in the quotations submitted for each item separately on the forms prepared which include data such as name of the item, its number, name of the company and its nationality, price offered for both the store and port of delivery to the smallest unit in the item; in addition to examine remarks made by the company or thecommittee member about the quote.
- Quotations not complying (bank guarantee not enclosed, papers are not sealed and signed, quotations are submitted on copies not original or quotations submitted by companies not invited for the tender through invited ones).
- Preparing a list of prices put in an ascending order after deduction of the specified percentage allocated for support of the Gulf factories as per the resolution. Then, all papers are delivered to the Group Purchasing Department for accurate review and then, a list of remarks is prepared to be submitted to the awardation committee, which is usually held two weeks after the end of the works of the Committee of Envelopes Opening.



c) Awardation Committee

This committee is entitled to perform the following:

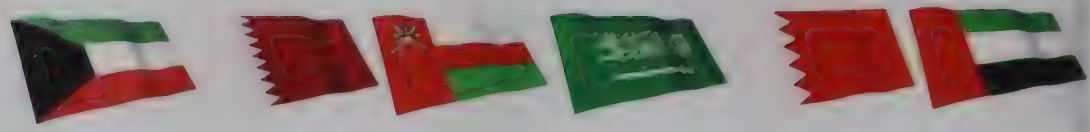
- Examining quotations submitted and comparing its prices with those registered in the Council states and with prices of the previous tender.
- Examining simples submitted with the quotations to make sure they are complying with the specifications set by the Executive Board.
- To be sure that companies taking part in the tender are registered as well as their products and rejecting those not complying.
- Awarding the cheapest acceding to specification-registered item.
- Preparing a list of items not complying to specifications or other renames.
- Consultation of some technical experts for some specialized and certain items.

d) Stabilizing Quantities

After the end of the works of the awardation committee, copies of all papers are sent to countries participating in the tender to review the amounts required by each. Then, the final amounts for each country in the tender are set and the companies are informed accordingly.

e) Notification of Awardation

Forms for award are prepared by the Computer Department including the amount for each country; unite price and the total for each item, name of the company, nationality and full data about the item (name, specifications and number). Sealed forms are then delivered to companies together with a copy of the company, accepted quotation and the letter of award notification.



f) Delivery

Items are delivered as of the date of notification of the award according to the number of delivery, times required by the country as illustrated in the conditions of the tender. The company signs contracts and delivery orders and each country through local agent in that country after submission of Performa Invoice, final bank guarantee which represents 5% of the total amount of items awarded in favour of that country.

g) How Companies Take Part in the Group Purchasing Tender ?

1) Pharmaceutical Manufacturers:

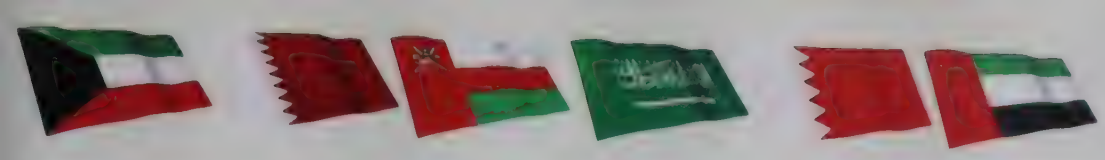
These companies are invited to take part in the pharmaceutical preparations tenders if they were registered in three out of the three countries with reference laboratories, namely Saudi Arabia, Kuwait and the United Arab Emirates.

2) Hospital Supplies and Equipment Companies:

Upon request of any new company to take part in the tenders then they must fulfill the Pre-qualification of Medical Disposable Companies and Factories form.

- Assigning a local agent in Saudi Arabia.
- Filling a registration form (provided by the Executive Board).

In case of acceptance, the company representative is informed through local agent to pay registration fees amounting to 1000/- US dollars and the company's name is then listed among the companies that are invited for the next tender.



h) Countries and Agencies Taking Part in the Group Purchasing Tenders

Saudi Arabia, Kuwait, United Arab Emirates, Qatar, Bahrain, Oman Sultanate, King Faisal Specialist Hospitals and Research Center Riyadh and Jeddah, King Saud University Hospital, Medical Services in the National Guard Riyadh and Jeddah, Ministry of Interior – Medical Services, K.K.E.S.H, AND R.K.H, Security Forces Hospital, R.C.M.C Yenbo And Jubail King Abdel Aziz Unv in Saudi Arabia.

i) Complementary Programmes for Group Purchasing

1) Bio-equivalence studies for items purchased through Group Purchasing tenders are performed upon the request of any of the member states. These studies have been extended to include other items not purchased through group purchasing.
2) Drug formulary, which includes full data about drugs that are used in the Council States.
3) Central registration of drug companies and their products. Work is currently underway to prepare the unified guidelines for registration in addition to the formulation of the Central Registration Committee.
4) Information exchange among the member states through the Executive Board about what had been experienced, in any of the member states, of adverse reactions or side effects to any of the items:

   I) Increase purchasing volume through the group purchase.
   II) Post marking surveillance system for the drug action.



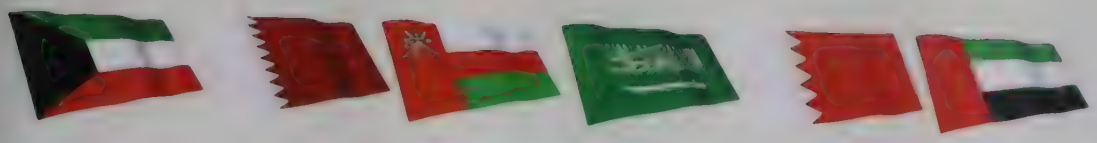
Work Proposal Plan

1- To collect, tabulate and analyses all information about the group purchasing for the last the five years.
2- To formalize the work procedure of the group purchasing according to available information and the practicable way of purchasing.
3- To write the procedure of the qualification of the companies in the Executive Board.
4- Mechanism of preparing the unified guidelines of the technical specification and it's improvement.
5- Discussion and approval of the proposed plan for developing the work and starting the actual steps for implementation.

Future of Group Purchasing

a) To include larger number of other health sector agencies to take part in Group Purchasing tenders.
b) Continuous development of the process of Group Purchasing and its execution through the international communication network (Internet).

In this regards it is worthwhile to mention that the total costs of the last tenders (for the year 2001) were as follows: (in US Dollars).



This year two more new tenders have been added; One fo Laboratory equipments and Kits and reagents, and the other for insecticides.

Tender No. 23 for Pharmaceutical drugs	**234,520,837.7143**
Tender No. 18 for Medical sundries	**61,679,690.6171**
Tender No. 16 Vaccines & Sera	**19,490,507.1000**
Tender No. 09 for Chemicals	**612,418.5650**
Tender No. 02 for Insecticides	**2,773,715.0000**
Tender No. 06 for Rehabilitation	**2,637,410.6600**
Tender No. 01 for Lab. & Blood Bank	**31,063,218,8900**
TOTAL	**352,777,798.3000**

- A New tender for Dental products will be added to group purchasing.
- A New tender for Orthopedic items has been raised and combined with the Rehabilitation tender.
- Formulary of each of the following was prepared:
  - The unified purchase group procedure.
  - The specification of the Rehabilitation.
  - (Draft) of the specification of the hospital sundries.
  - (Draft) of the Lab. And Blood bank transfusion.

Computer Department in the Executive Board

A) Establishment

This department has been established according to resolution No. (9) issued by the 32nd Ministerial Conference held in January 1992 based on a study submitted by the Executive Board.

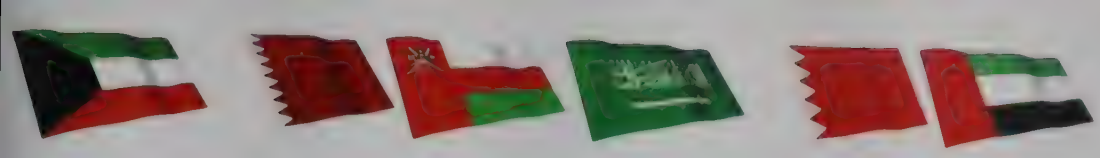
B) Objectives

These are summed up in computerization of all manually done work in the Executive Board, whether these works belonged to the Executive Board or to the member states through the establishment of programmes that store data which can be extracted in various forms when needed. These programmes are designed to serve the needs of the Council States, where each specific program stores data relevant to one of the subjects of common interest.

C) Programmes

A number of important software Programmes have been designed and developed such as:

- Group purchasing.
- Plant based Medical Products Information Center.
- AIDs.
- Expatriate Workers Project and the Health Centers.
- Statistical evaluation about health centers.
- Resolutions and Recommendations issued by the Ministers' Council.
- Statistical Health Data about the Council States.



- Data about those whose work contracts are terminated
- for ethical reasons.
- Drug Registration.
  - Pharmaceutical Companies registration.

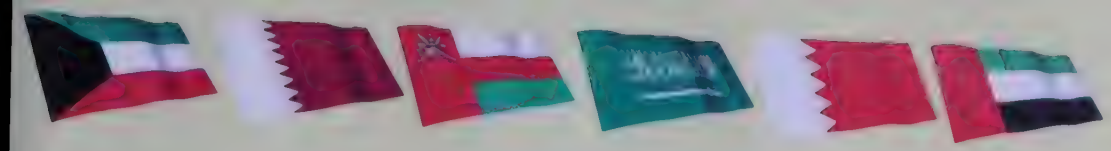
Due to the vast number of programmes, and increase in the size of data, it was decided to make a radical improvement in the computer department. Thus, the old mainframe computers were replaced by latest model of computers. These latter are less costly in their maintenance, easy to operate, can be upgraded whether in terms of memory or speed. Also, the computer department are characterized by their multifunction and their various outputs compared to the mainframe computers.

On the other hand, the Executive Office installed lately the e-mail services and carried out connection with the internet service and establishment of an IPS Provider.

Dr. Tawfik A.M. Khoja
Executive Director
Rajab 1423 / Sept. 2002

Key words: Technical, cooperation, between, developing, countries


Addresses GCC



United Arab Emirates
Ministry of Health

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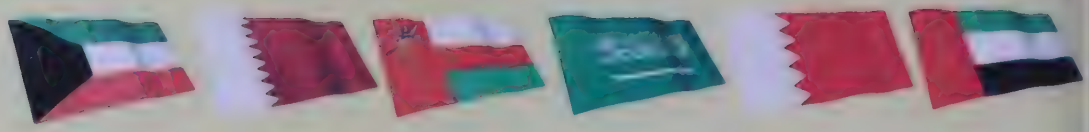
Working	Hours Weekly Holiday: Thursday & Friday

It is preferable that all fax communications to H.E. The Minister of health be sent to Fax number: int. 9712 6212732 (which is the fax number of the foreign relations and international health department) in order to receive due attention, unless the communication is for the personal attention of H.E. The Minister of Health in which case you can use the direct fas number Int. +971 2 621772



Kingdom of Bahrain
Ministry of Health

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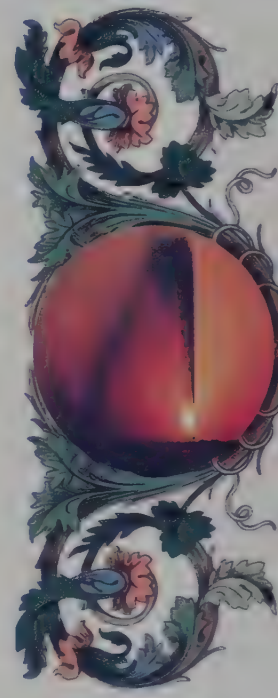
Working Hours	Saturday – Thursday 0700-14.15 hrs Wednesday 07:00 – 14:00 hrs Weekly Holiday: Thursday & Friday



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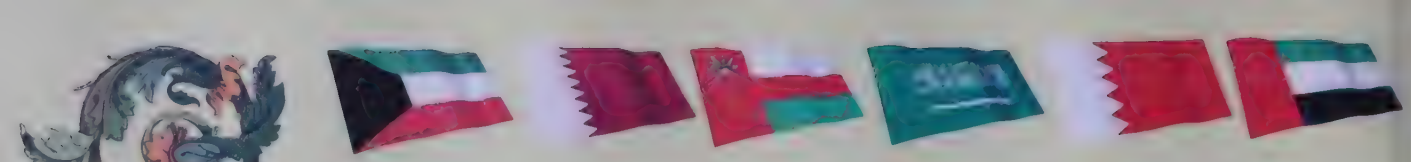
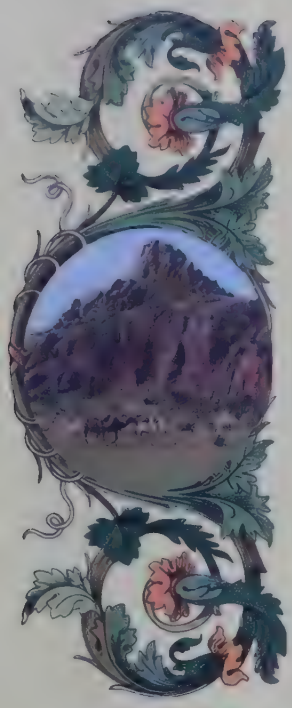
Internet	www.moh.gov.sa
Working Hours	Weekly Holiday: Thursday & Friday





Sultanate of Oman
Ministry of Health

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Internet	
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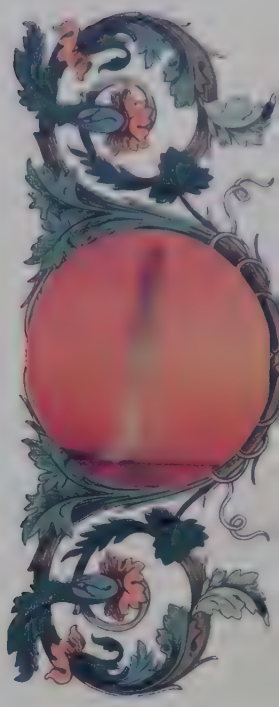

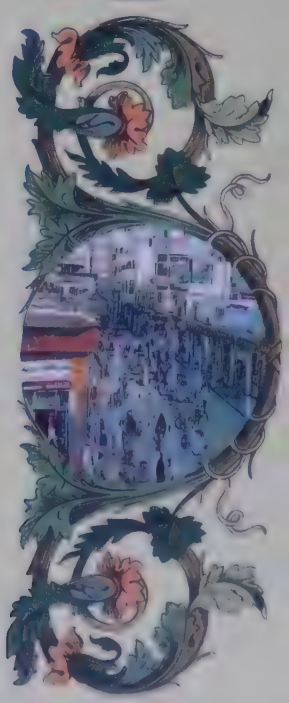

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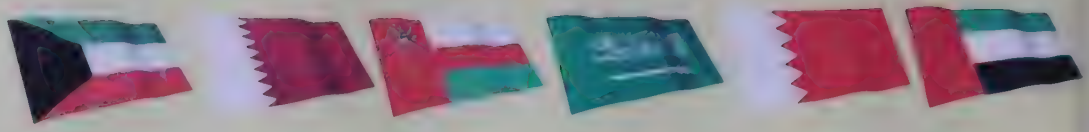
Internet	www.hmc.org.qa
Working Hours	Weekly Holiday: Thursday & Friday



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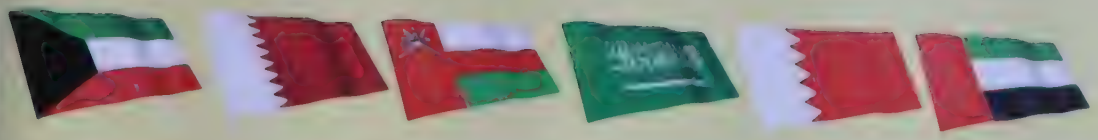
Internet	www.moh.gov.kw
Working Hours	Weekly Holiday: Thursday & Friday



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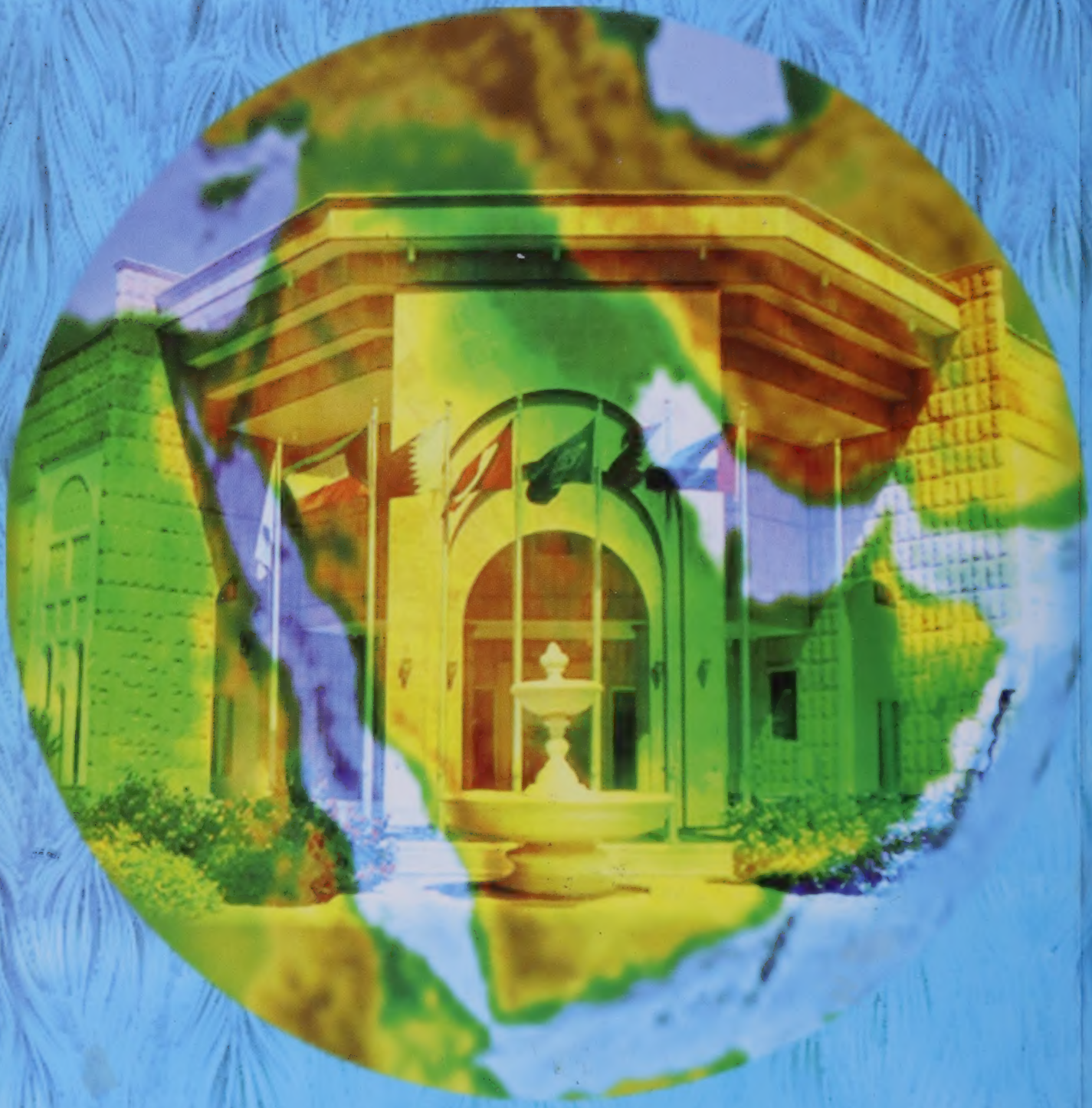
Working Hours	From 8:00 am – 4:00 pm Weekly Holiday: Thursday & Friday


Our first and last invocation is that all praise is to
Allah the lord of the worlds
تم بحمد الله وفضله
وآخر دعوانا أن الحمد لله رب العالمين



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